PORT O’CONNOR IMPROVEMENT DISTRICT APPLICATION FOR WATER & SEWER SERVICE



39 DENMAN DRIVE ● P.O. BOX 375 ● PORT O’CONNOR, TEXAS ● 77982

(PH) 361-983-2652 ● (FAX) 361-983-2235 ● [pocid@pocid.org](mailto:pocid@pocid.org)

UPDATE

Please Check: **□** MALE **□** FEMALE **□** HISPANIC **□** NON-HISPANIC

**□** WHITE **□** BLACK **□** ASIAN **□** NATIVE INDIAN **□** PACIFIC ISLANDER **□** OTHER

**Required by the Federal Government for Demographic Purposes**

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| Applicant’s Name: | Applicant is: □ Owner □ Tenant □ Other |
| Street Address for POC: | Property Owner’s Name: |
| Lot and Block Legal Description in POC: | Property Owner’s Address: |
| Billing Address: | Applicant’s Cell No.: |
| Applicant’s Alternate No: |
| Property ID: | Please attach a copy of your Photo ID: |
| Spouse’s Name: | Other Contact Name & Relation: |
| Spouse’s Phone No: | Other Contact’s Phone No: |
| Email: | Do you have or are you going to install:  □ Sprinkler System □ Water Well □ Pool/Hot Tub □ Outdoor Shower |

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Customer Signature Date District Representative Date  **1**