



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

39 DENMAN DRIVE • P.O. BOX 375 • PORT O'CONNOR, TEXAS • 77982

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UPDATE

Please Check: ☐ MALE ☐ FEMALE ☐ HISPANIC ☐ NON-HISPANIC
☐ WHITE ☐ BLACK ☐ ASIAN ☐ NATIVE INDIAN ☐ PACIFIC ISLANDER ☐ OTHER

REQUIRED BY THE FEDERAL GOVERNMENT FOR DEMOGRAPHIC PURPOSES

Applicant's Name:	Applicant is: <input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> 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: <input type="checkbox"/> Sprinkler System <input type="checkbox"/> Water Well <input type="checkbox"/> Pool/Hot Tub <input type="checkbox"/> Outdoor Shower

Customer Signature Date

District Representative

Date