



TEMPORARY WATER SERVICE

Address of Service: \_\_\_\_\_ Date: \_\_\_\_\_

Owner /Agents Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email Address: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Do you want your "personal information" kept confidential? YES NO

- checkbox I, \_\_\_\_\_ do hereby declare that I need utilities for \_\_\_\_\_ days, so I can remodel and/or repair the above referenced structure. This contract expires on \_\_\_/\_\_\_/\_\_\_.
checkbox On or before the last day of the contract, I will file for an extension or set up a final inspection. If the City of Kaufman is not contacted, the utilities will be disconnected without further notice.
checkbox I declare that no one will occupy the structure until it has been completely inspected and all repairs here pass an inspection by the City Building Official or his designee. If it is determined that the structure is being occupied, it will void this permit and the utilities will be disconnected without further notice.
checkbox I accept full and complete responsibility for any casualties or injuries during the inspection and/or repair of the structure and will hold harmless of any liability the City of Kaufman and any of its agents.
checkbox By signing this contract, I acknowledge and understand the requirements of this contract.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

OFFICE USE ONLY:

Approved by: \_\_\_\_\_

Account #: \_\_\_\_\_ Passed Inspection: \_\_\_\_\_

Deposit Amount: \_\_\_\_\_ Receipt: \_\_\_\_\_ Date Paid: \_\_\_\_\_

