

CITY OF MISSION WATER DEPARTMENT

Application for Service / Solicitud de Servicios

Attention: Request for service made after 3:00 PM will be processed the next business day.
Atencion: Solicitud de servicio despues de las 3:00 PM será procesado el proximo día de trabajo.

Effective Service Date / Fecha del Servicio:

Do You / Usted: Own / Es Dueno Rent / Es Rentero

Name on Account/ Nombre en la cuenta: Hidalgo County pct 3 Meeting Hall/constable

Service Address / Dirección del servicio: 734 N. Bray Fogle

Mailing address / Dirección de correspondencia: Hidalgo County FACILITIES MANAGED

City/Ciudad: Edinburg State/Estado: TEXAS Zip Code/Codigo postal: 78539

Driver's license # / Numero de identificación: N/A

Home or cell phone # / numero de teléfono de casa o celular:

Spouse or Authorized Person / Esposo(a) o Persona Autorizada: N/A

Work phone # / Teléfono del trabajo: 956-289-7850

Please check the following that apply to your request / Por favor de indicar lo que solicita:

New Services / Servicios Nuevo

Have you previously had service with the City? / Ha tenido servicios con la ciudad anteriormente?

If yes where? / Si ha tenido, donde? 722 724 & 730 Brayfogle

Transfer service to another address / Transferir Servicios a otra dirección

Previous Account Number / Numero de Cuenta Anterior:

Type of Account / Tipo de Cuenta:

Residential / Residencial Is there a trash can? / Tiene bote de basura? Yes No

Commercial / Comercial Do you need a Dumpster? Yes No

All statements on this application are true and correct. Any information that is found to be incorrect or false, will result in the City not providing services until all information has been corrected. I also agree to pay any and all previous water/sewer/garbage/and other charges I have with the City before the City will provide water service under this application.
Toda la informacion contenida en esta aplicacion es verdad y correcta. Calquier informacion que se encuentre ser incorrecta o falsa, causara que la ciudad no me establezca servicios hasta que toda la informacion sea corregida. Estoy de acuerdo pagar todas las cuentas de agua/agua sanitaria/basura/y otros cargos anteriores que le deba a la ciudad antes de que la ciudad me establezca los servicios pedidos bajo esta aplicacion.

Signature / Firma

Date/Fecha

OFFICE USE ONLY

Receipt #: Work order#: Date:

Clerk: Dep. amount: Acct. #

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CITY OF MISSION

"HOME OF THE GRAPEFRUIT"



FAX FOR YOU

DATE: 6/9/10
TO: Daniel Flores
COMPANY: Ardaigo County
FAX #: 318-2648

MESSAGE: \$150.00 Dep. Require \$10.00 S.C
Application For Sewer

FROM: Mary Cruz mfr # 6792779
CITY OF MISSION, UTILITY BILLING & COLLECTION DEPT.

1201 E 8TH ST.
MISSION, TX 78572
580-8660 PH. / 580-8659 FAX

NUMBER OF PAGES
INCLUDING COVER SHEET

2



FACILITIES MANAGEMENT County Of Hidalgo

To: Raymundo Eufrazio, Hidalgo County Auditor

From: Daniel Flores, Facilities Management

Date: June 17, 2010

Ref: Manual Check

We are requesting a manual check to pay for the deposit and filling fees for Sewer services at the new Pct 3 Meeting Hall / Constables Office located at 734 N. Breyfogle in Mission, Tx

Therefore please make the check payable to City of Mission, Utility Billing & Collection Dept. 1201 E. 8TH St. Mission, Texas 78572

Application amount \$ 150.00, filling fee \$ 10.00, total amount being requested \$ 160.00

Account number 0-1100-419-40-220-001-0-411

Thank you in advance for your attention to this matter if you have any questions regarding this matter, please call me @ 289-7855