

## Daniel Flores

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**From:** Oscar Garza [oscar.garza@co.hidalgo.tx.us]  
**Sent:** Wednesday, August 07, 2013 2:02 PM  
**To:** Imaldonado@weslacotx.gov  
**Cc:** Daniel Flores; Lauro Torres  
**Subject:** Water Meter Application/Fee's City of Weslaco Pct. #1 Constable Bldg

Lori,  
Pursuant to our conversation can you please confirm the following fee's inasmuch we are getting all the necessary documentation to provide to you.

Line is tap ready for a 2" water line.

Water Meter Fee: \$1,781.77  
with a Deposit of \$ 100.00

City of Weslaco Phone # 973-3113

Please confirm...Thank you!

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Oscar Garza, Program Coordinator                      2802 So Bus. Hwy 281Postal Mailing Address:  
2812 So. Bus 281 & Corner of Canton Rd.Edinburg, TX 78539Phone: 956-318-2626 Ext. 4857Fax:  
956-292-7612oscarg.garza@co.hidalgo.tx.us Is it really necessary to print this email?

# City of Weslaco

"The City on the Grow"



WATER DEPARTMENT  
956-973-3113  
956-973-3117  
956-973-3118  
956-973-3119

NEW WATER METER APPLICATION  
SUBMIT COMPLETED FORM TO THE WESLACO WATER DEPARTMENT  
PLEASE PRINT ALL INFORMATION

DATE: 8/7/13

OWNERS'S NAME: LAST		FIRST:	
Hidalgo County Facilities		MANAGEMENT	
MAILING ADDRESS:		PHONE NO. (DAY TIME)	
P.O. BOX 1356		(956) 289-7852	
CITY:	STATE:	ZIP CODE:	
Edinburg	TX.	78539	
PROJECT ADDRESS:			
1902 Joe Stevens Weslaco, TX. 78594			
SUBDIVISION NAME:		BLOCK#	LOT:
Pct. 1 Constables Office (New Bldg.)			
CONTRACTOR:		PHONE NO. (ON SITE):	
ADDRESS:	CITY:	STATE:	ZIP CODE:
METER SIZE REQUIRED:			
2 inch Meter			

FOR OFFICIAL USE ONLY  
I CERTIFY THAT I HAVE REVIEWED THIS APPLICATION

PUBLIC UTILITIES OFFICIAL:		DATE:	
SIZE OF WATER LINE THAT IS BEING TAPPED:			
COMMENTS:			
PLANNING/CODE ENFORCEMENT OFFICIAL:		DATE:	
INSIDE/OUTSIDE CITY:	SUBDIVISION NAME:	LOT SIZE:	
SERVICES INCLUDED (CIRCLE):	WATER	SEWER	BRUSH GARBAGE

# City of Weslaco



WATER DEPARTMENT  
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956-973-3118  
956-973-3119

"The City on the Grow"

EFFECTIVE DATE: 8/7/13 ACCOUNT#: \_\_\_\_\_

## SERVICE APPLICATION

REASON FOR APPLICATION: NEW ACCOUNT ACCOUNT UPDATE  
TYPE OF SERVICE: RESIDENTIAL COMMERCIAL

NAME: \_\_\_\_\_ SSN/TIN: \_\_\_\_\_ DOB: \_\_\_\_\_

BUSINESS NAME (IF APPLICABLE): Hidalgo County Pct. 1 Constable's Office

SERVICE ADDRESS: 1902 Joe Stevens Weslaco, TX 78594  
STREET CITY STATE ZIP

MAILING ADDRESS: P.O. Box 1356 Edinburg TX 78539  
STREET CITY STATE ZIP

HOME PHONE ( ) \_\_\_\_\_ MOBILE( ) \_\_\_\_\_ DL # \_\_\_\_\_

EMPLOYER NAME \_\_\_\_\_ OCCUPATION \_\_\_\_\_

ADDRESS: \_\_\_\_\_ BUS # ( ) \_\_\_\_\_  
CITY STATE ZIP

## PERSONAL REFERENCES

NAME	RELATIONSHIP	ADDRESS	PHONE #
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(1) \_\_\_\_\_

(2) \_\_\_\_\_

**CONFIDENTIALITY DISCLOSURE:** Section 182.052(a) of the Texas Utility Code regulates the release of selected customer information by government-operated utilities. City of Weslaco customers can submit a request to prevent the release of their personal information including, address, telephone number or social security number, as well as any information relating to the volume or units of utility usage or the amounts billed to or collected from you for utility usage. The City of Weslaco must still give out this information, if requested by any person or entity authorized by Section 182.054 of the Texas Utility Code, including federal and state agencies, other utilities, consumer reporting agencies, City Of Weslaco Contractors, other governmental agencies and persons to whom a customer has contractually waived confidentiality. By checking the box, you direct the City of Weslaco Not to release your address, telephone number or social security number to entities not excluded by law.

I request that my personal information not be released.

I the undersigned hereby declare that I have read the foregoing application that all statements made therein are complete and true to the best of my knowledge. I authorize the City of Weslaco to verify the information contained herein and to make such additional normal inquiries to be related to or associated with this application, to credit bureaus, employers and references. I also agree to pay the monthly statement that is due to the City of Weslaco for services rendered. If I fail to pay these services the City of Weslaco will add any collection costs including reasonable attorney fees to my balance.

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