

CITY OF BOGATA
P.O. BOX400
BOGATA, TEXAS 75417-0400

APPLICATION FOR WATER TRANSFER

Date: _____ Transfer **Fee: \$35.00**

Name: _____

Mailing address: _____

Service address: _____

Previous address: _____

Phone Number: _____ (home/cell) _____ (work)

Driver's license: _____ 1.D. Number: _____ (make copy)

Social Security Number: _____

Name of spouse: _____

Name of nearest relative or : _____

Relationship: _____ Phone Number _____

Address _____

Emergency Contact: _____