



WATER DEPARTMENT
603 East Avenue A
Hooks, Texas 75561

Information for Deposit

Date: _____

Name: _____

Service Address: _____

Mailing Address: _____

Employer: _____

Cell Phone: _____ Work Phone: _____

Drivers License #: _____ Social Security #: _____

Email Address: _____

Nearest Relative: _____

Nearest Relative Phone: _____

In Case of an Emergency Notify: _____

Emergency Contact Phone: _____

Property Owner

Rental Property Landlord's Name: _____

I have received the information sheet from the City of Hooks.

(Signature)