

RECONNECT APPLICATION

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PLEASE CHECK ALL THAT APPLY □ Commercial □ Owner/Landlord □ Residential □ Rent/Lease	Today's Date [] Account Number [] Requested Date of Reconnect []		
By completing this form, you acknowledge that: • The water service to the relevant property will be reconnected on the date requested above. • For water service to be reconnected you must complete and submit the required document(s) and pay the required reconnect fee. CUSTOMER INFORMATION			
		Customer Name:	
		Billing Address:	
City State	Zip Code		
Phone Number: []			
Signature Printed Name	Date		
For Office Use Only			
Date received:	Received by (initials):		
Reconnect fee paid: Yes \square No \square	Amount Paid:		
Date entered into billing system:	Entered by (initials):		
	Sent by (initials):		
Date sent to field: Date reconnected:	Reconnected by (initials):		