



City of Roanoke  
500 S. Oak Street Roanoke, TX 76262  
Phone 817-491-2411  
utilitybilling@roanoketexas.com

**DO NOT PUT METER IN THE BACK OF A TRUCK**

Date: \_\_\_\_\_

I, \_\_\_\_\_ with, \_\_\_\_\_ do hereby state that I am using water from the City of Roanoke’s water system, metered by fire hydrant meter# \_\_\_\_\_, with the beginning reading of \_\_\_\_\_.

I understand that a fire hydrant wrench must be used to open and close the hydrant (no pipe wrench) and that any damage to the plug is my responsibility.

I understand that there is a deposit of \$4,500.00 for a 3” meter and \$330.00 base fee (0 – 2,000 gallons of water) plus any usage above 2,000 gallons will be billed monthly. I understand that a reading will be emailed to utilitybilling@roanoketexas.com between the 15<sup>th</sup> to the 18<sup>th</sup> of each month. If no reading is emailed, I understand that I will automatically be charged the \$330.00 base fee plus \$550.00 for not sending in the reading.

Location of meter \_\_\_\_\_  
Billing Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Signature)

**Official Use Only:**

Deposit: \$4,500.00 \_\_\_\_\_  
Check #: \_\_\_\_\_

Meter Return Date: \_\_\_\_\_  
Returned Reading: \_\_\_\_\_  
Refund Amount/Due: \_\_\_\_\_  
Refund Check #: \_\_\_\_\_

City Personal completing form \_\_\_\_\_



**NEW SERVICE FORM-BUSINESS**

**APPLICANT INFORMATION:**

Business Name:	Business Contact:
Drivers License Number/State of Issuance:	
Business Telephone Number:	
Business Email Address:	
Have you had service with Roanoke previously? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, what address?	
Tax ID Number:	

**SERVICE ADDRESS**

Street Address:	
City/State/Zip:	
Mailing Address Same as Service Address: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Mailing Address, if Different:	
How would you like to receive your Utility Bill? <input type="checkbox"/> Electronically <input type="checkbox"/> Paper Statement	
Would you like to Enroll in Auto Draft? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Requested Start Date for New Service: \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_