

CITY OF CALLISBURG
59 Campbell Street
Callisburg, TX 76240
Phone 940-665-9809 ❖ Fax 866-384-1785

Billing Permit

OWNER'S NAME: _____ ACCOUNT# _____

ADDRESS: _____ PHONE# _____

I hereby authorize Callisburg Water & Sewer to send the bills on my account to the person and address below:

NAME: _____

SERVICE ADDRESS: _____

BILLING ADDRESS: _____

(if different)

HOME PHONE #: _____ WORK PHONE #: _____

CELL PHONE #: _____

I understand according to the policies of the Callisburg City Council, I am responsible for payment of this account if above party does not pay. Should this account become delinquent, water service will be subject to termination until all debts are paid.

Signature of property owner

Date