



City of Lorena
107-A S. Frontage Road
Lorena, Texas 76655
(254) 857-4641 Fax (254) 857-4118

REQUEST FOR SERVICE APPLICATION

Name: _____ Phone number: _____

Mailing address: _____

City: _____ State: _____ Zip Code: _____

*Address of Service Request: _____

Type of Service Requested: Water ___ Sewer ___ Commercial ___ Residential ___

MCAD Property ID of Service Request: _____

Are you the owner of this property? Yes ___ No ___

Signature Printed Name Date

*The purpose of this review is to determine if the water line size is adequate and all state requirements are met. If service is available to the location requested, a written cost estimate will be provided to you in writing. Please allow up to 14 business days for the review.

SWORN AND SUBSCRIBED TO ME this ____ day of _____, 202__.

(Notary Public in and for the State of Texas)