APPLICATION FOR WATER SERVICE AT LONG ISLAND VILLAGE

Name: _____ Date: _____
Property Owner/ Account Holder if Different

Service Address: _____

Billing Address: _____

Email: _____

Mobile: _____ Home: _____ Work: _____

Requirements to start service:

- **Copy of Driver's License**
- **Last 4 of Social/ Optional**
- **Proof of Ownership / Copy of Rental**
- **Deposit of $100.00**

We offer Paperless Billing, Bank Draft and water monitoring
You may sign up for these services by visiting our website @ www.lmwd.org

Mailing Address: 105 Port Road
Port Isabel, TX 78578
Phone: 956-943-2626
Website: www.lmwd.org

Office use only

Account #_____

Email: customerservice@lmwd.org
Fax: 956-943-6662
Business Hours: Mon – Fri 8am – 5pm
New Service: 8:00am – 4:30pm