CITY OF CIBOLO
WATER CLEARANCE AFFIDAVIT
FOR GREEN VALLEY SUD

CUSTOMER NAME _____
LAST FIRST

SERVICE ADDRESS _____

MAILING ADDRESS (IF DIFFERENT) _____

CUSTOMER PHONE NUMBER (HOME) _____ WORK _____

CUSTOMER SIGNATURE _____

DATE APPLIED _____ DATE SERVICE TO BEGIN _____

CIBOLO EMPLOYEE SIGNATURE _____ 210-658-9900

COMMENTS OR INSTRUCTIONS BELOW:

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