



**Utility Billing Department**

100 W. Center St. / P.O. Box 40  
Kyle, Texas 78640  
512-262-3960 office  
512-262-3800 fax

***BUSINESS UTILITIES  
APPLICATION***

**DATE TO START SERVICE:** \_\_\_\_\_

\_\_\_\_\_  
**Company Name**

\_\_\_\_\_  
**Service Address**

\_\_\_\_\_  
**Business Phone Number**

\_\_\_\_\_  
**Fax Number**

\_\_\_\_\_  
**Tax Identification Number**

\_\_\_\_\_  
Contact Person

\_\_\_\_\_  
Cell Phone Number

\_\_\_\_\_  
Mailing Address (if different)

\_\_\_\_\_  
City, State

\_\_\_\_\_  
Zip

**By signing, I understand that all fees must be paid in full before the water meter will be set. I, furthermore, understand that I am responsible for this account. A service charge of \$30 may be imposed for any returned checks. All bills must be paid on or before the due date (15<sup>th</sup> of each month) or be subject to a late charge of 10%. If not paid before the 25<sup>th</sup> of each month, I understand that my utility service may be terminated.**

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

OFFICE USE ONLY: EMPLOYEE INITIALS \_\_\_\_\_ WTR \_\_ WW \_\_ TDS \_\_

**ACCOUNT #** \_\_\_\_\_ **METER SIZE** \_\_\_\_\_ **COST OF METER \$** \_\_\_\_\_

**DEPOSIT \$** \_\_\_\_\_ **SERVICE CHARGE \$** \_\_\_\_\_

**RECEIPT #** \_\_\_\_\_ **Capital Recovery Fees \$** \_\_\_\_\_ **Tap Fees \$** \_\_\_\_\_

**METHOD OF PAYMENT: CASH** \_\_\_\_\_ **CK #** \_\_\_\_\_ **CC AUTH #** \_\_\_\_\_