



Utility Billing Division
of the Finance Department
 100 W. Center St. / P.O. Box 40
 Kyle, Texas 78640
 512-262-3960 office
 512-262-3965 fax

RESIDENTIAL UTILITY APPLICATION
 (Trash Only)

*** No Checks Accepted For New Service ***

DATE TO START SERVICE: _____ Homeowner _____ Landlord _____ Renter
 (Attach Landlord Agreement) (Attach Page 1 of Lease)

Check here if you are at least 65 years of age: _____ (Need copy of DL, to qualify for any or all Senior Discounts)

REQUEST FOR CONFIDENTIALITY OF PERSONAL INFORMATION: I request any personal information held by the Utility Department which is necessary for my water utility account be held as confidential and not released unless requested by only the exceptions stated under House Bill 859. _____ **YES** _____ **NO**

Complete Service Address _____ DR ST CR CV CT BLVD
CIRCLE ONE

PRIMARY APPLICANT

SECONDARY APPLICANT (Access to account information)

Last Name _____ First Name _____ MI _____

Last Name _____ First Name _____ MI _____

Mailing Address (if different) _____

Date of Birth _____ Driver's License _____ State _____

City _____ State _____ Zip _____

Social Security Number _____ Home Phone Number _____

Date of Birth _____ Driver's License _____ State _____

Cell Phone Number _____ Work Phone Number _____

Social Security Number _____ Home Phone Number _____

E-mail Address _____

Cell Phone Number _____ Work Phone Number _____

E-mail Address _____

Emergency Name _____

Employer _____

Emergency Phone Number(s) _____

By signing below:

I am "solely" responsible for this account. A service charge may be imposed for any returned checks and that bills must be paid on or before the **due date (15th of each month)** or be subject to a late charge and possible termination. If terminated, a reconnect fee and/or a deposit may need to be paid with the account in full before services are reinstated. *I, also, understand the trash collection service is provided by Texas Disposal Systems and will be included on my monthly City of Kyle Utility bill.*

PRIMARY Applicant's Signature _____

Date _____

OFFICE USE ONLY:	EMPLOYEE INITIALS _____	TDS ___ BINS? T _____ R _____
ACCOUNT # _____		
RECEIPT # _____	DEPOSIT \$ _____	SERVICE CHARGE \$ _____