



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

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

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

AVAILABLE TIME: ___ 10am to 12pm ___ 1pm to 3pm ___ 3pm-4:45pm
(If Application is completed after 3pm, please select a time for the next business day.)

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**

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

PRIMARY APPLICANT

SECONDARY APPLICANT

_____ **Last Name** _____ **First Name** _____ **MI**

_____ **Last Name** _____ **First Name** _____ **MI**

_____ Mailing Address (if different)

_____ Mailing Address (if different)

_____ City _____ State _____ Zip

_____ City _____ State _____ Zip

_____ Home Phone Number _____ Cell Phone Number

_____ Home Phone Number _____ Cell Phone Number

_____ E-mail Address

_____ E-mail Address

_____ Driver's License _____ State Issued

_____ Driver's License _____ State Issued

_____ Social Security Number _____ Date of Birth

_____ Social Security Number _____ Date of Birth

_____ Employer _____ Phone Number

_____ Employer _____ Phone Number

By signing below:

1) I understand that I, or appointed agent, will need to keep the agreed scheduled time or be charged a Second Service Call charge on my account if I, or appointed agent, is not there when the technician turns on service. The appointed agent will have access to faucets inside the residence, if anything on inside. Attached is the Second Service Call Agreement that must be presented with this application for service to be established.

2) 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 _____	WTR ___	WW ___	TDS ___	BINS? T ___ R _____
ACCOUNT # _____	APPT. TIME _____	WORK ORDER # _____			
RECEIPT # _____	DEPOSIT # _____	SERVICE CHARGE # _____			