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

RESIDENTIAL UTILITIES APPLICATION

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

DATE TO START SERVICE: _____ _____ **Homeowner** _____ **Landlord** _____ **Renter**

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**

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

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

_____ _____ _____
Mailing Address (if different) City, State Zip

_____ _____ _____
Driver's License No. & State Date of Birth Social Security No.

_____ _____
Home/Cell Phone Number E-mail Address

_____ _____ _____
Employer City Phone No.

_____ _____
Spouse Name *Spouse Employer*

_____
Spouse Employer Phone Number

By signing, I understand that I am 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 or be subject to a late charge and/or possible termination. ***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.***

_____ _____
Applicant's Signature **Date**

OFFICE USE ONLY: EMPLOYEE INITIALS _____ WTR __ WW __ TDS __ BINS? T_____R_____

ACCOUNT # _____ DEPOSIT $_____ SERVICE CHARGE $_____

METHOD OF PAYMENT: **CASH** _____ **CC AUTH #** _____

RECEIPT # _____