



**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:** \_\_\_\_\_ **AVAILABLE TIME:** \_\_\_\_ **9:00 am – 12:00 Noon**  
 \_\_\_\_\_ Homeowner \_\_\_\_\_ Landlord \_\_\_\_\_ Renter \_\_\_\_\_ **1:30 pm – 4:30 pm**

**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**

\_\_\_\_\_  
**Complete Service Address** DR ST CR CV CT BLVD  
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 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 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**

<b>OFFICE USE ONLY:</b>		EMPLOYEE INITIALS _____	WTR ____	WW ____	TDS ____	BINS? T ____	R ____
<b>ACCOUNT #</b> _____	<b>APPT. TIME</b> _____	<b>C. of O. #</b> _____					
<b>RECEIPT #</b> _____	DEPOSIT \$ _____	SERVICE CHARGE \$ _____					

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



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## **SECOND SERVICE CALL AGREEMENT**

I understand that in the event a second service call is necessary to complete the turning on of my water service, there will be certain actions to be taken by me (or an agent of my appointing) and fees to be paid.

I understand that I (or my appointed agent) will be responsible to make the appointment from 9:00 am to 12:00 Noon OR 1:30 pm to 4:30 pm by calling 512-262-3960.

I understand that a charge of \$30.00 (before 5 pm) (\$45.00, after 5 pm) will be added to my bill for the "Second Service Call".

I understand that if I am unable to make my appointment time, I will call the Utility Billing office **one hour before** my appointment time and "reschedule" for a later available time. This "rescheduled" time must be kept.

I, \_\_\_\_\_, have read and hereby agree to the above mentioned "Second Service Call" request be connected at the following address:

\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
**PRINT NAME**