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 UTILITIES APPLICATION

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

DATE TO START SERVICE: _____

_____ Homeowner (Attach Final Passed Inspection)
_____ Landlord (Attach Landlord Agreement)
_____ Renter (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
CIRCLE ONE
Complete Service Address

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

_____
Spouse Name (gives access to account information)

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

_____ _____
Home/Cell Phone Number E-mail Address

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

_____ _____ _____
Employer City Phone No.

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/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 # _____ **APPT. TIME** _____ **WORK ORDER #** _____

RECEIPT # _____ DEPOSIT $_____ SERVICE CHARGE $_____

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