

**Utility Billing Department**

100 W. CENTER STREET
KYLE, TX 78640
PHONE: (512) 262-3960 FAX: (512) 262-3965
UTILITIES@CITYOFKYLE.COM

***BUSINESS UTILITIES
APPLICATION*****DATE TO START SERVICE:** __________
Company Name_____
Full Service Address (#, Street, City, State, Zip)_____
Business Phone Number_____
Tax Identification Number_____
Contact Person_____
Cell Phone Number_____
Mailing Address (if different)_____
City, State_____
Zip

By signing, I understand that all fees must be paid in full before the water meter will be set. I, furthermore, understand that I am responsible for this account. A service charge of \$38.06 may be imposed for any returned checks. All bills must be paid on or before the due date (15th of each month) or be subject to a late charge of 10%. If not paid before the 25th of each month, I understand that my utility service may be terminated.

Applicant's Signature_____
Date**PAYMENT METHOD****Credit Card #:** _____ **- Cash or Check only accepted in person****Expiration Date:** _____**OFFICE USE ONLY:** EMPLOYEE INITIALS _____ WTR ____ WW ____ TDS ____**ACCOUNT #** _____ **METER SIZE** _____ **COST OF METER \$** _____**DEPOSIT \$** _____ **SERVICE CHARGE \$** _____**RECEIPT #** _____ **Capital Recovery Fees \$** _____ **Tap Fees \$** _____**METHOD OF PAYMENT:** **CASH** _____ **CK #** _____ **CC AUTH #** _____