



CITY OF KYLE-UTILITY BILLING DEPT.
 100 W. CENTER STREET
 KYLE, TX 78640

PHONE: (512) 262-3960
 FAX: (512) 262-3965

RESIDENTIAL UTILITY APPLICATION

Complete Service Address (#, Street, City, State, and Zip)

1)-Start Service on Date: _____ -If application is completed after 3 pm please select a time for the next business day.

2)-SELECT A TIME RANGE TO INDICATE YOUR AVAILABILITY FOR THE SELECTED START OF SERVICE DATE.

8:00 am-12:00 pm **1:00 pm-5:00 pm**

Check here if you are at least 65 years of age: (Proof is needed, ex. 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 as possible and not released unless requested by only the exceptions stated under House Bill 859. YES NO

PRIMARY APPLICANT:

Select One: Homeowner (Attach 1st Page of Settlement Statement) Landlord (Attach Landlord Agreement) Renter (Attach Page 1 of Lease)

 Last Name First Name Home Phone Number Cell Phone #

 Social Security # Drivers License # License Issued by State Date of Birth

 Employer Work Phone Number Email Address

Mailing Address for Billing Purposes (#, Street, City, State, and Zip) IF DIFFERENT THAN THE SERVICE ADDRESS

SECONDARY APPLICANT:

 Last Name First Name Home Phone Number Cell Phone #

 Social Security # Drivers License # License Issued by State Date of Birth

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.** 2) I am "solely" responsible for this account. A service charge may be imposed for any returned checks and

 PRIMARY Applicant's Signature Date

OFFICE USE ONLY:

EMPLOYEE INITIALS _____ TDS _____ BINS? T _____ R _____ ACCOUNT # _____

RECEIPT # _____ DEPOSIT \$ _____ SERVICE CHARGES \$ _____

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