

CITY OF KYLE-UTILITY BILLING DEPT.  
100 W. CENTER STREET  
KYLE, TX 78640  
PHONE: (512) 262-3960  
FAX: (512) 262-3965  
EMAIL: UTILITIES@CITYOFKYLE.COM



### **FIRE HYDRANT APPLICATION**

Company Name: \_\_\_\_\_

Service Address \_\_\_\_\_

Business Phone Number \_\_\_\_\_

Tax Identification Number \_\_\_\_\_

Email Address \_\_\_\_\_

Contact Person \_\_\_\_\_

Phone Number \_\_\_\_\_

Mailing Address (if different from above) \_\_\_\_\_

City, State, Zip \_\_\_\_\_

By signing, I understand that all fees must be paid in full before the water meter will be set. Furthermore, I understand that a minimum monthly charge of \$193.67 will be charged to the account every month in addition to charges for water consumed while the account is active. 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: \_\_\_\_\_

#### **FOR OFFICE USE ONLY:**

EMPLOYEE INITS: \_\_\_\_\_ ACCOUNT# 099-\_\_\_\_\_

METER SIZE 2 1/2 "

DEPOSIT: **\$1449.00**

SERVICE CHARGE: **\$63.39**

Receipt # \_\_\_\_\_

Method of Payment: Cash \_\_\_\_\_ Check# \_\_\_\_\_ CC Auth # \_\_\_\_\_

Serial Number: \_\_\_\_\_ Reading: \_\_\_\_\_