



**Utility Billing Department**

100 W. Center St.  
Kyle, Texas 78640  
512-262-3960 office  
512-262-3800 fax

***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 (15<sup>th</sup> of each month) or be subject to a late charge of 10%. If not paid before the 25<sup>th</sup> of each month, I understand that my utility service may be terminated.**

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

<b>OFFICE USE ONLY:</b>	EMPLOYEE INITIALS _____	WTR ___	WW ___	TDS ___
<b>ACCOUNT #</b> _____	METER SIZE _____	COST OF METER \$ _____		
	DEPOSIT \$ _____	SERVICE CHARGE \$ _____		
<b>RECEIPT #</b> _____	Capital Recovery Fees \$ _____	Tap Fees \$ _____		
<b>METHOD OF PAYMENT:</b> CASH _____	CK # _____	CC AUTH # _____		