



UTILITY BILLING

UTILITY SERVICE APPLICATION

This section is for OFFICE USE ONLY:

ACCOUNT NUMBER: _____

Bank Draft Senior Citizen Confidential Elect Deposit Water Deposit Garb Deposit

DATE OF APPLICATION: _____

DATE OF NEW SERVICE: _____

SERVICE ADDRESS TO CONNECT: _____

ACCOUNT NAME: _____

ACCOUNT MAILING ADDRESS: _____

CELL #: _____ WORK #: _____ HOME #: _____

DL #: _____ ID #: _____ DOB: _____ SS#: _____

EMAIL ADDRESS: _____

How would you like to receive your statement? MAILED EMAILED

How would you like to be notified about your bill? PHONE TEXT

Would you like to round bill up to next dollar and donate to Community Council? YES NO

Would you like payment to be auto drafted from your bank account? YES NO

OTHER AUTHORIZED PERSON ON ACCOUNT: _____

CELL #: _____ DOB: _____ TDL/ID #: _____

ADDRESS OR TRANSFERRED FROM ACCOUNT #: _____

Do you have Garbage/Recycling containers? YES NO

Do you have an active alarm system? YES NO

I hereby authorize you on behalf of myself and/or my spouse: and/or on behalf of and as agent for the named commercial enterprise to make utility connections to the above service location. As the applicant, I understand that I am responsible for payment of this account on or before the delinquent date at rates established by the City of Seguin and to be governed by all other requirements of the City of Seguin in connection with such service. I further understand that any delinquency of this account can and will be assessed against any current account with the City of Seguin bearing the same responsible or authorized signature, and no future accounts shall be established in the name of the undersigned applicant until all such delinquencies have been satisfied.

As owner and/or occupant of the above said property hereby release and forever discharge the City of Seguin, its officers, agents and employees, from any and all liability and/or claims associated with turning on the utilities at the above address and location. I hereby acknowledge that the utilities are being turned on at my request and that I have been advised that I should be on the premises when they are turned on. Understanding this, however, if I choose to not be on the premises when the utilities are turned on agree to accept all responsibility for any and all damages that may result.

I expressly understand and agree that none of these services will be transferred or sold to anyone off the above-described premises.

My signature gives my expressed written consent to contact me on my home and/or cell phone listed above.

Authorized Signature