



APPLICATION FOR COMMERCIAL UTILITY SERVICE

P.O. Box 638, 305 N. Arch, Royse City, TX 75189 Ph:972-636-2250, Fax:972-635-2319

Notice: This application is a government record, as defined by the Texas penal code, Section 37.01. Making a false entry in government record is a criminal offense. This form will not be considered a viable application for city utilities unless the form has been completed in it's entirety, every blank must be completed. All city utility accounts shall bear the name of the individual accepting the responsibility of the deposit and certificate of occupancy. This form must be signed and dated by the individual accepting the responsibility for the utility deposit and the certificate occupancy.

Service Request Date: _____ Account #: _____

Company Name: _____

Service Address: _____

Mailing Address(if different): _____

President of Legal Representation: _____

Type of Business: Corporation Sole Owner
 Partnership Other _____

Social Security : _____ Tax ID: _____

DL #: _____ State: _____

Phone: _____ Fax: _____

Email: _____ Yes/No To receive E-Bill-Paperless Billing _____

The following items must be provided:

- 1. Tax ID (space provided above)
2. Documentation demonstrating the person signing on part of the corporation has authority to enter into legal contracts for such corporation.

Sanitation

Number of Commercial Toters Needed _____

Commercial Dumpster: _____ cu yard, to be picked up _____ times per week

*Please note that one (1) trash Toter is provided with the account at no extra charge. However, if you require additional trash containers there will be a charge of \$5.00 per additional container, added to your monthly bill each month.

I acknowledge water service will be turned on at the above property. I will not hold the City of Royse City responsible for any property damage due to water being turned on without my presence. I acknowledge if the meter shows usage, it will be turned back off and my presence will be required for connection of service.

Signature of Authorized Representative: _____

Date: _____

