



**APPLICATION FOR RESIDENTIAL 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 #: \_\_\_\_\_

Name: \_\_\_\_\_ (if corporation see below)

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

Mailing Address(if different): \_\_\_\_\_

Social Security #: \_\_\_\_\_ Tax ID: \_\_\_\_\_ (if applicable)

DL #: \_\_\_\_\_ State: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Cell #: \_\_\_\_\_ Home #: \_\_\_\_\_ Work #: \_\_\_\_\_

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

Co-Applicant: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

DL #: \_\_\_\_\_ State: \_\_\_\_\_ Cell #: \_\_\_\_\_

Rent: \_\_\_\_\_ (Must provide copy of lease papers)

Landlord's Name \_\_\_\_\_ Phone #: \_\_\_\_\_

Own: \_\_\_\_\_ (Must provide copy of closing papers)

Account will be started as of closing date or dates provided on lease agreement.

For corporation accounts, the following 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 (Verandah Residents Excluded)

Number of Trash Toters Needed \_\_\_\_\_

Number of Recycle Bins Needed \_\_\_\_\_

Please note that one (1) trash container and recycle bin is provided with the account at no extra charge. However, if you require additional trash or recycle containers there will be a charge of \$4.00 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 the water being turned on without my presence. I acknowledge if the meter shows water usage, it will be turned back off and my presence will be required for connection of service.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Co-Applicant: \_\_\_\_\_ Date: \_\_\_\_\_