



CITY OF ROYSE CITY CHECK LIST

FOR PROPERTY MANAGEMENT AND LANDLORD ACCOUNTS

Residential Trash Only Service for Inside City Limits

Please complete the check list below and return with the required paperwork.

**Application:**

\_\_\_ Fill out application in its entirety.

**Identification:** Provide *one* of the following:

\_\_\_ If the name on the application is in a company name send a copy of the tax ID certificate OR letter from the IRS assigning the EIN # (SS-4 form).

The company name on the form must match the name on the application.

**We do not accept the W-9 form.**

\_\_\_ If the name on the application is in a personal name a copy of a government issued ID must be provided.

**Property Use:** Provide one of the following:

\_\_\_ Rent: Signed lease agreement. Name on the lease must match the name on the application and ID selection provided above.

\_\_\_ Own: Proof of ownership; notarized warranty deed, signed closing disclosure from closing packet or CAD printed info.

Name must match the name on the application and ID selection provided above.

\_\_\_ Management Account: Provide signed management agreement. Name on management agreement must match the name on the application and ID selection provided above.

Once all the necessary documents have been received you will be emailed with an account and pin number with instruction on how to go online pay the security deposit.

Documents may be mailed, emailed or faxed.

Mail: City of Royse City Utility Department

PO BOX 638

Royse City, TX. 75189

EMAIL: [utilities@roysecity.com](mailto:utilities@roysecity.com)

FAX: 972-635-2319



APPLICATION FOR RESIDENTIAL SERVICE
LANDLORD AND PROPERTY MANAGEMENT TEAMS
Trash Only Service for Inside City Limits

P.O. Box 638, 305 N. Arch, Royse City, TX 75189
Phone: 972-636-2250, Fax: 972-635-2319
Email: utilities@roysecity.com

Notice: This application is a government record, as defined by the Texas penal code, Section 37.01. Making a false entry in a 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 its entirety, every blank must be completed. All city utility applications and accounts shall bear the name and signature of the individual accepting the responsibility of the security deposit and certificate of occupancy.

Account Name: \_\_\_\_\_ Service Request Date: \_\_\_\_\_
Service Address: \_\_\_\_\_
Billing Address: (If different than service address.): \_\_\_\_\_
DL#: (If name is not a business name): \_\_\_\_\_ State: \_\_\_\_\_ Date of birth: \_\_\_\_\_
Social Security # (If name in not a business name.): \_\_\_\_\_
TAX ID/EIN# (If account is in a business name.): \_\_\_\_\_
Business Phone #: \_\_\_\_\_ Cell# and Contact Name: \_\_\_\_\_
Email Address 1: \_\_\_\_\_ Email Address 2: \_\_\_\_\_
Bill Method: \_\_\_ Mail \_\_\_ Email \_\_\_ Both (Preferred Method)

PROPERTY USE: Check One

\_\_\_ Own the property and will be leasing the home to a tenant. (Landlord)
Will the account remain in the Landlords name when leased? \_\_\_ YES \_\_\_ NO

COMMENTS: \_\_\_\_\_

\_\_\_ Property Management Team

Will the account remain in the business name when leased? \_\_\_ YES \_\_\_ NO

COMMENTS: \_\_\_\_\_

SANITATION: Please note one (1) trash and (1) recycle cart is provided with the service.

If you require additional cart(s) a charge of \$4.58 per additional cart will be added to the monthly bill.

Number of Trash Cart(s) requested: \_\_\_\_\_ Number of Recycle Cart(s) requested: \_\_\_\_\_

Check all that apply to the home: \_\_\_ All Electric \_\_\_ Electric and Gas

Signature of Applicant or Authorized Agent: \_\_\_\_\_ Date: \_\_\_\_\_

OFFICE USE ONLY: Account #: \_\_\_\_\_ Pin#: \_\_\_\_\_ Inside/Outside CL: \_\_\_\_\_
CHG Bill Method: \_\_\_ Check SVC: \_\_\_ Enter Authorized Agents: \_\_\_ Enter Comments: \_\_\_ IRIS Update: \_\_\_ Scan Doc: \_\_\_

Table with 3 columns: UTILITY RELEASES, TRASH SERVICE, RECYCLE SERVICE. Each column contains fields for N/A, Agent, New Build, Add XCart, Remove XCart, and Added to Log.

RC Utility Department  
305 N Arch Street  
PO BOX 638  
Royse City, TX. 75189



Phone: 972-635-2250 EXT. 3  
Fax: 972-635-2319  
Email: utilities@roysecity.com

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**OFFICE CONTACTS**

COMPANY NAME: \_\_\_\_\_

OFFICE ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

OFFICE PHONE#: \_\_\_\_\_

FAX #: \_\_\_\_\_

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Will bill payments be processed by a utility management company?  YES  NO

If Yes: UTILITY MANAGEMENT COMPANY NAME \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PHONE #: (If different than company phone above) \_\_\_\_\_

EMAIL: \_\_\_\_\_

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All numbers listed below *must have a direct line phone number and email to the contact.*

**Must list at least one contact.**

OFFICE MANAGER: \_\_\_\_\_

PHONE/EXT: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

FAX: \_\_\_\_\_

ACCOUNTS PAYABLE: \_\_\_\_\_

PHONE/EXT: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

FAX: \_\_\_\_\_

UTILITY CO-ORDINATOR 1: \_\_\_\_\_

PHONE/EXT: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

FAX: \_\_\_\_\_

UTILITY CO-ORDINATOR 2: \_\_\_\_\_

PHONE/EXT: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

FAX: \_\_\_\_\_

MAINTENANCE CONTACT: \_\_\_\_\_

PHONE/EXT: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

FAX: \_\_\_\_\_

EMERGENCY MAINTENANCE CONTACT: \_\_\_\_\_

PHONE/EXT: \_\_\_\_\_

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The above personnel have authority to discuss account information with the City of Royse City.

I authorize any representative that will verify the TAX ID or EIN# to discuss account matters.  YES  NO

I understand it is my responsibility to update information as needed.

COMPANY REPRESENTATIVE PRINTED NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

# CITY OF ROYSE CITY

## Account Privacy Agreement

The City of Royse City is a government operated utility. Your account information is considered public record under the Texas Public Information Act.

The Texas Utility Code, Chapter 182.052 allows a customer's account information confidential except to:

- 1) An official or employee of the state, a political subdivision of the state, or the United States acting in an official capacity.
- 2) An employee of a utility acting in connection with the employee's duties.
- 3) A consumer reporting agency.
- 4) A contractor or subcontractor approved by and providing services to the utility, the state, a political subdivision of the state, or the United States.
- 5) A person for whom the customer has contractually waived confidentiality for personal information.
- 6) Another entity that provides water, wastewater, sewer, gas, garbage, electricity, or drainage service for compensation.

### AUTHORIZATION FOR CONFIDENTIALITY REQUEST:

I understand my account information is considered public record and I have the right to request my personal account information and any information relating to the volume or units of utility usage or the amount billed to be kept confidential.

### PLEASE CHECK ONE:

- I request my account information kept confidential with the exception of the authorize person(s) listed on the Office Information Contacts form.
- I authorize any and all account information to be released up on request.

You may rescind your request for confidentiality upon a written request to the Water Department.

\_\_\_\_\_  
Applicants Signature

\_\_\_\_\_  
Date