



CITY OF ROYSE CITY CHECK LIST

FOR HOMEOWNER AND RENTER ACCOUNTS TO ESTABLISH RESIDENTIAL UTILITIES (Trash Service Only)

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

Application:

Fill out application in its entirety.

Identification:

A copy of a valid 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.

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.

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

FAX: 972-635-2319



APPLICATION FOR RESIDENTIAL TRASH SERVICE

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.

Name: _____ Service Request Date: _____
 Service Address: _____
 Mailing Address(if different): _____
 DL #: _____ State: _____ Date of Birth: _____
 Social Security #: _____
 Cell #: _____ Alternate # : _____ Work #: _____
 Email: _____ Bill Type: _____ Mail _____ Email _____ Both (preferred)

Co-Applicant: _____ Cell #: _____
 DL #: _____ State: _____ Date of Birth: _____
 Social Security # _____ Email: _____

PROPERTY USE: Check One

_____ Rent (Must provide Landlords name and phone number.)
 Landlord's Name: _____ Phone #: _____
 _____ Owner-Will occupy the home.
 _____ Owner-Will be leasing the home to a tenant.

SANITATION:

Number of Trash Carts Needed: _____ Number of Recycle Carts Needed: _____
 Please note one (1) trash and recycle cart is provided with the account at no additional charge.
 If you require an additional trash or recycle cart a charge of \$4.58 per additional container will be added to your monthly bill.

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

Signature of Applicant: _____ Date: _____
 Signature of Co-Applicant: _____ Date: _____

OFFICE USE ONLY: Account #: _____ Pin #: _____ Inside/Outside CL _____		
CHG Bill Type: _____ Check SVC: _____ Enter Authorize Persons: _____ Enter Comments: _____ IRIS Update: _____ Scan Docs: _____		
UTILITY RELEASES:	TRASH SERVICES:	RECYCLE SERVICES:
N/A Outside City Limits: _____	New Build: # _____	New Build: # _____
Oncor#: _____ Type: _____ Agent: _____	Add Cart: # _____ Remove XCart: # _____	Add Cart: # _____ Remove XCart: # _____
F.E.C. Email Date: _____ Time: _____	Added to Log: _____ N/A: _____	Added to Log: _____ N/A: _____
Atmos#: _____ Type: _____ Agent: _____		

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 below.
- 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

The following people are authorized to receive my account information:

<u>Name</u>	<u>Relationship</u>	<u>Phone Number</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____



The City of Royle City participates in the Immediate Response Information System. (IRIS)
 This system allows the city to send mass notifications for both Emergency and Non-Emergency situations. It has the ability to broadcast notifications through multiple forms of communication to hundreds of thousands of residents quickly. All information contained herein shall remain confidential.

CONTACTS & TELEPHONE NUMBERS

Name:	
Phone #1:	Text: <input type="checkbox"/> Yes <input type="checkbox"/> No
Phone #2:	Text: <input type="checkbox"/> Yes <input type="checkbox"/> No
Phone #3:	Text: <input type="checkbox"/> Yes <input type="checkbox"/> No
Email Address #1:	
Email Address #2:	
Sub-Division:	
New or Update Info:	
Date:	

Sec. 13.03.005 Emergency Notification Fee

An annual emergency notification fee not to exceed three dollars and fifty cents (\$3.50) shall be imposed on all utility accounts. (Ordinance 10-07-787 adopted 7/13/10)

OFFICE USE ONLY

- Removed previous owner/renter
- Change/Update user type
- Entered Local ID and User type: Custom 1

HOUSEWARMERS

DATE:	PHONE#:
NAME:	EMAIL:
ADDRESS:	INTEREST/HOBBIES?:
SUBDIVISION:	COMMENTS?:

We would like to come by and give you a BIG welcome to our Wonderful Town!

Your gift bag will be personally delivered to your doorstep and filled with valuable offers from local merchants and provide you with a preferred medical/professional directory!

Questions?

Call Blair & Mary Johnson
Franchise Owners
Housewarmers of Royse City
469-387-9620