



CITY OF ROYSE CITY CHECK LIST TO ESTABLISH BUSINESS-COMMERCIAL UTILITY SERVICE

WATER ONLY-OUTSIDE CITY LIMITS

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 a copy of the tax ID certificate OR the letter from the IRS assigning the EIN# (SS-4 form) will need to be provided.

The company name on the certificate or letter 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.

___ Property Management Account: Provide the signed management agreement.

The name on the management agreement must match the name on the application and ID selection provided above.

SECURITY DEPOSIT:

\$175.00

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 BUSINESS-COMMERCIAL WATER ONLY SERVICE-OCL

PO Box 638, 305 N. Arch Street, Royse City, TX 75189

Phone: 972-636-2250 option 3

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 accounts and applications shall bear the name of the individual accepting the responsibility of the security deposit and certificate of occupancy.

Service Request Date: _____ Name for the Utility Account: _____

Business Name (If different from the Utility Account Name): _____ Type of Business: _____

Name of Representative Completing Application: _____ Title: _____

Service Address: _____

Billing Address (If different from the service address.) : _____

DL# (If account name is not in a business name.) : _____ State: _____ Date of Birth: _____

Social Security # (If the account name is not in a business name.) : _____

TAX ID/EIN# (If the account is in a business name.) : _____

Business Phone #: _____ Cell #: _____ Contact Person: _____

Email Address 1: _____ Email Address 2: _____

Bill Method: Mail Email Both (Preferred Method)

PROPERTY USE: Check One

Rent/Leasing (Must provide a copy of the signed lease agreement. Landlords name and phone number required.)

Landlord's Name: _____ Phone #: _____

Own the property and will be leasing to a tenant. (Landlord) Own the property and will be occupying it.

If leasing the property, 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: _____

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 connections of service.

Representative Signature: _____ Date: _____

OFFICE USE ONLY: Account #: _____ Pin #: _____

CHG Bill Type: _____ Check SVC: _____ Check Class Code (Business/Commercial/Sprinkler/School): _____ Enter Authorized Contacts: _____
Statement Billing: _____ Enter IRIS: _____ Send SS work order for dumpster/cart request if needed: _____ Scan Documents: _____

Main Street Businesses give occupant MS Mgr. business card: _____ Email MS Mgr. Contact Info: _____

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

OFFICE CONTACTS

COMPANY NAME: _____

OFFICE ADDRESS: _____

OFFICE PHONE#: _____

FAX #: _____

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: _____

OWNER/PRESIDENT: _____

PHONE/EXT: _____

EMAIL ADDRESS: _____

FAX: _____

OFFICE MANAGER: _____

PHONE/EXT: _____

EMAIL ADDRESS: _____

FAX: _____

ACCOUNTS PAYABLE: _____

PHONE/EXT: _____

EMAIL ADDRESS: _____

FAX: _____

NAME: _____

PHONE/EXT: _____

EMAIL ADDRESS: _____

FAX: _____

NAME: _____

PHONE/EXT: _____

EMAIL ADDRESS: _____

FAX: _____

EMERGENCY CONTACT: _____

PHONE/EXT: _____

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.

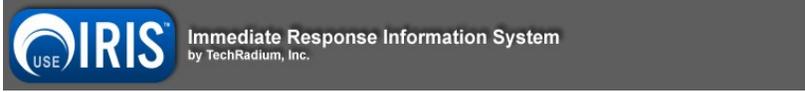
PLEASE CHECK ONE:

- 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



The City of Royle City participates in the Immediate Response Information System (IRIS) for each household and property in the city. 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	
Address	
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	
Business Name	
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)

<u>***OFFICE USE ONLY***</u>	
<input type="checkbox"/>	Removed previous owner/renter
<input type="checkbox"/>	Change/Update user type
<input type="checkbox"/>	Entered Local ID and User Type: Custom 1