



CITY OF RC CHECK LIST TO ESTABLISH BUSINESS-COMMERCIAL SANITATION SERVICE

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.

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

**Your business must apply for a CO and Fire inspection.**

**Please contact the Building Department 972-636-2250 option #5.**



**APPLICATION FOR BUSINESS-COMMERCIAL SANITATION SERVICE**

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: \_\_\_\_\_

Business Name: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Name to appear on the account (If different from the business name) : \_\_\_\_\_

Name of Representative Completing Application: \_\_\_\_\_ Title: \_\_\_\_\_

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

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

DL# (If account name in 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: \_\_\_\_\_

**SANITATION:** Please note: If service request is for cart service it will include (1) cart in the monthly service charge.

If you require additional trash cart(s) a charge of \$8.24 per cart will be added to your monthly bill.

Number of Commercial Cart(s) Requested: \_\_\_\_\_

Commercial Dumpster: How many: \_\_\_\_\_ Size: \_\_\_\_\_ cu yard; to be picked up \_\_\_\_\_ times per week.

Commercial Dumpster: How many: \_\_\_\_\_ Size: \_\_\_\_\_ cu yard; to be picked up \_\_\_\_\_ times per week.

Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

OFFICE USE ONLY: Account #: \_\_\_\_\_ Pin #: \_\_\_\_\_

CHG Bill Type: \_\_\_\_\_ Check SVC: \_\_\_\_\_ Check Class Code (Business/Commercial): \_\_\_\_\_ 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: \_\_\_\_\_

Send Occupant to Development SVC for CO and Fire Inspection: \_\_\_\_\_

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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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: \_\_\_\_\_

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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:

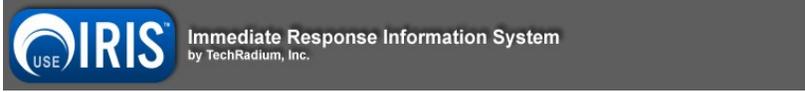
I request my account information kept confidential with the exception of the authorize person(s) listed on the Office Information Contacts form.

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



The City of Royle City participates in the Immediate Response Information System (IRIS) for each household or property located within the city limits. 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