



# City of Bastrop

## Application for Residential Utility Services

**THE CITY REQUIRES THAT A RESPONSIBLE PARTY, EITHER THE APPLICANT OR THE APPLICANT'S DESIGNEE (WHOM MUST BE OVER 18 YEARS OF AGE), BE PRESENT AT THE PREMISES WHEN SERVICES ARE CONNECTED OR RECONNECTED. FAILURE TO BE PRESENT WILL RESULT IN THE UTILITIES NOT BEING CONNECTED AND THE INCURRENCE OF ADDITIONAL CHARGES.**

Date of Application: _____			
Applicant Name: _____			
Name of Spouse: _____			
Service Address: _____		Service Start Date: _____	
Mailing Address: _____			
Home Phone: _____		Cell Phone: _____	
<u>DL or ID Number</u>	<u>Issuing State</u>	<u>Date of Birth</u>	<u>Social Security Number</u>
Have you previously had service with the City? YES <input type="checkbox"/>		NO <input type="checkbox"/>	
If so, at what service address: _____			
Name as it appeared on previous account: _____			
Are you relocating from one City Service Address to another? YES <input type="checkbox"/>		NO <input type="checkbox"/>	
What is the address you are moving from: _____			
What date would you like the service disconnected at the former address? _____			
I/We, the above applicant and the spouse, agree that I/We shall be responsible for all reasonable costs, including but not limited to deposits, attorney's fees, collection agency fees and charges, court costs, notification and mailing cost, and any other costs, fees or charges incurred by the City if I/We fail to pay the utility bill for service on a timely basis and in accordance to the City's Utility Policy and all Ordinances.			
By signing this, I, the customer acknowledges that I have received and agree to adhere to the Utility Policy of the City of Bastrop.			
By signing this application for service, I/We understand that falsifying any of the above information and or documents given to the City is a punishable crime.			
Applicant's signature: _____			
Spouse's signature: _____			

For Office Use ONLY				
<u>Letter of Good Standing</u>	<u>Deposit Required</u>	<u>Electric Deposit Amount</u>	<u>Water Deposit Amount</u>	<u>Other Money due to City</u>
	YES <input type="checkbox"/>	RECEIPT #	RECEIPT #	FOR:
	NO <input type="checkbox"/>			
Leasing <input type="checkbox"/>	Management Company <input type="checkbox"/>		Property Owner <input type="checkbox"/>	
Copy Provided <input type="checkbox"/>	Documentation Provided <input type="checkbox"/>		Documentation Provided <input type="checkbox"/>	