



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: _____
 Co-Applicant Name: _____

Service Address: _____ Service Start Date: _____

Mailing Address: _____

Home Phone:	Cell Phone:	Email:
<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 NO

If so, at what service address: _____

Name as it appeared on previous account: _____

Are you relocating from one City Service Address to another? YES NO

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: _____

Co-Applicant'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>Security Light Application</u>	<u>Order New Waste Carts</u>
Leasing <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	RECEIPT # _____	RECEIPT # _____	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/> DATE: _____
Copy Provided <input type="checkbox"/>	Management Company <input type="checkbox"/>	Documentation Provided <input type="checkbox"/>	Property Owner <input type="checkbox"/>	Documentation Provided <input type="checkbox"/>	RECEIVED VIA EMAIL: <input type="checkbox"/>
					SENT INFO PKT <input type="checkbox"/>

PRIVACY POLICY:

YOU HAVE THE OPTION TO KEEP YOUR PERSONAL INFORMATION CONTAINED IN OUR UTILITY RECORDS CONFIDENTIAL. IT WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS UNDER THIS POLICY. THIS INCLUDES YOUR ADDRESS, TELEPHONE NUMBER, DRIVERS LICENSE AND SOCIAL SECURITY NUMBERS.

WE MUST STILL PROVIDE INFORMATION TO CERTAIN PERSONS

By Law we are still required to provide this information to (1) an official or employee of the state or a political subdivision of the state, or the federal government acting in an official capacity; (2) a consumer reporting agency; (3) state, county or local law enforcement; (4) a person, agency or company that the customer has contractually waived confidentiality for personal information.

Requests to obtain information must be made using the City's approved form and be presented to the City Manager's office for review and authorization before information will be released.

Limited information may be given to any person(s) acting in an official capacity of the City of Bastrop.

_____ **YES, I would like my personal information kept confidential.**

_____ **NO, I am not interested in this option.**

Customers Name

Date

Address

Area Code/ Telephone Number

City, State, Zip Code

Customer's Signature