



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: _____

Phone: _____ Email: _____

<u>DL or ID Number</u>	<u>Issuing State</u>	<u>Date of Birth</u>	<u>Social Security Number</u> XXX - XX _____
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Have you previously had service with the City? YES What address? _____

Name as it appeared on previous account: _____

Are you relocating from one City of Bastrop 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? _____

\$50 Application Fee Please bill \$50 Application Fee/ \$20 Transfer Fee X _____ Paid in Full

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 acknowledge that the phone, email & mailing address information will be used for the purpose of notifications directly related to utility service(s) of this address.

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: X

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>
	YES <input type="checkbox"/>	RECEIPT #	RECEIPT #	YES <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
	NO <input type="checkbox"/>			NO <input type="checkbox"/>	DATE: _____
Ebill <input type="checkbox"/>	Account No	Proof of Residency		<input type="checkbox"/>	RECEIVED VIA EMAIL:
Printed Bill <input type="checkbox"/>	#	Provided			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 PERSON 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.**

Customer's Signature

Date

Address

City, State, Zip Code

OPT-IN for PRINTED BILL

_____ At this time, I wish to receive a paper copy of my bill, I do not have Internet services
Customer Initials

Good Neighbor Fund

The City of Bastrop is proud to sponsor the Good Neighbor Fund, a program to assist eligible customers who are having difficulty paying their utility bill. Voluntary contributions from customers like you fund this program. This program is administered by a separate local social service agency on behalf of the City of Bastrop. Every dollar helps!

Amount of Monthly Pledge*

\$1.00

\$5.00

\$3.00

Other: _____

Acct # _____

Yes, I would like to pledge to the Good Neighbor Fund each month. I understand that my pledge will be added to my monthly utility bill and can be cancelled at any time by contacting the Utility Customer Service Department.

Customer's Signature

Date