



## City of Bastrop

### Application for Commercial 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:

Account Name:

Service Address:  Service Start Date:

Mailing Address:

Office Phone:  Contact Person:

Local contact phone number:  Local Contact Person:

Federal Tax Number or SS# of Owner:

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?

A **CERTIFICATE OF OCCUPANCY** has been obtained from the Planning Department

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

I, the above applicant, agree that I 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 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 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, I/we 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 understand that falsifying any of the above information and or documents given to the City is a punishable crime.

**Applicant or Representative's signature:**

For Office Use ONLY				
<u>Letter of Good Standing</u>	<u>Deposit Required</u> YES <input type="checkbox"/> NO <input type="checkbox"/>	<u>Electric Deposit Amount</u>  RECEIPT #	<u>Water Deposit Amount</u>  RECEIPT #	<u>Order New Waste Carts</u> YES <input type="checkbox"/> NO <input type="checkbox"/> DATE: <input style="width: 100%; height: 20px;" type="text"/>
Leasing <input type="checkbox"/>	Management Company <input type="checkbox"/>	Property Owner <input type="checkbox"/>	Documentation Provided <input type="checkbox"/>	RECEIVED VIA EMAIL:
Copy Provided <input type="checkbox"/>	Documentation Provided <input type="checkbox"/>	Documentation Provided <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**

<b>WE MUST STILL PROVIDE INFORMATION TO CERTAIN PERSONS</b>
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