



CITY OF KERRVILLE

WATER, SEWER, GARBAGE SERVICE CONTRACT

Kerrville City Hall
701 Main Street
Kerrville, TX 78028
830-258-1504 (Office)

REQUIRED DEPOSIT FOR REQUESTED SERVICES: Online Utility Exchange Service is utilized to determine if an account will require a deposit.

SERVICE START DATE:	SERVICE ADDRESS:	APT/UNIT#:
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APPLICANT INFORMATION

APPLICANT:	DOB:	DL#: STATE:	SSN#:
EMAIL ADDRESS:	MOBILE PHONE: ()	RECEIVE TEXT MESSAGING: YES NO	HOME PHONE: ()
MAILING ADDRESS (IF DIFFERENT FROM SERVICE ADDRESS):		CITY:	STATE: ZIP:
I WOULD LIKE TO RECEIVE MY BILL VIA EMAIL:	YES NO	EMAIL ADDRESS:	
EMPLOYER:	WORK PHONE: ()	PREVIOUS ACCOUNT: YES NO	PREVIOUS ADDRESS:
PERSONAL REFERENCE:		PHONE:	

CO-APPLICANT INFORMATION (if applicable)

CO-APPLICANT INFORMATION (if applicable)	DOB:	DL#: STATE:	SSN#:
EMAIL ADDRESS:	MOBILE PHONE: ()	HOME PHONE: ()	
EMPLOYER:	WORK PHONE: ()	PREVIOUS ACCOUNT: YES NO	ADDRESS:

SERVICE REQUIREMENT INFORMATION

I/We have read and understand the Customer Service Contract Acknowledgement and hereby agree to abide by the terms and conditions as set forth by the City of Kerrville.

APPLICANT'S SIGNATURE: _____ CO-APPLICANT'S SIGNATURE: _____

DATE APPLICATION SIGNED: ____/____/____

EACH APPLICANT MUST PROVIDE A VALID COPY OF THEIR DRIVER'S LICENSE.

APPLICANTS APPLYING FOR SERVICE AT ANY RENTAL/LEASE PROPERTY MUST PROVIDE A COPY OF THEIR LEASE AGREEMENT.

LANDLORD NAME:	ADDRESS:	PHONE: ()
EMAIL ADDRESS:	TYPE OF PROPERTY:	RENT: LEASE: OWN:

RIGHT OF CONFIDENTIALITY:

Each applicant hereby confirms their desire to keep their account information confidential.

Applicant INITIAL: _____ Co-Applicant INITIAL: _____

DEPOSIT IF REQUIRED: \$100.00

NEW ACCOUNT FEE(S): CUSTOMER HAS BEEN NOTIFIED OF THE ONE-TIME ACCOUNT FEE(S) OPTIONS FOR EACH SERVICE. INITIAL: _____

NEW ACCOUNT FEE: \$40.00 EACH ACCOUNT NEW ACCOUNT FEE WITH E-BILL OPTION: \$25.00 EACH ACCOUNT

NEW ACCOUNT FEE WITH AUTO-PAY AND E-BILL OPTION: \$20.00 EACH ACCOUNT

AUTO-PAY OPTIONS: BANK DRAFT OR CREDIT CARD

BANK DRAFT/CREDIT CARD OPTION: RETURNED ITEM FEE ON ALL RETURNED ITEMS: \$30.00. CUSTOMER INITIAL: _____

IT IS THE CUSTOMERS RESPONSIBILITY TO MAINTAIN AND UPDATE BANKING AND CREDIT CARD INFORMATION.

CITY OF KERRVILLE REPRESENTATIVE SIGNATURE: _____

The City of Kerrville Utility Billing Office hours are Monday through Friday from 8am - 5pm. When requesting your service date, please select a date that falls on a weekday. We normally offer same day service for all requests if submitted prior to 12pm. However, we appreciate as much advance notice as possible.