



OFFICE USE ONLY

DATE: _____

ACCOUNT #: _____

RESIDENTIAL: _____

COMMERCIAL: _____

DEPOSIT AMOUNT: _____

APPLICATIONS ARE PROCESSED BETWEEN 8:00 AM AND 3:00PM. ONLY COMPLETED APPLICATIONS WILL BE PROCESSED.
24 HOUR NOTICE IS REQUIRED. NO CONNECTIONS WILL BE DONE ON WEEKENDS OR HOLIDAYS.

PLEASE PRINT IN BLUE OR BLACK INK

ACCOUNT NAME: _____ DATE TO BEGIN: _____

SERVICE ADDRESS: _____

MAILING ADDRESS: _____

PHONE NUMBER: _____ SECONDARY PHONE NUMBER: _____

EMAIL ADDRESS: _____

DL#: _____ STATE: _____

EMERGENCY CONTACT: _____ PHONE: _____ RELATION: _____

HOME OWNER: _____ CLOSING DATE: _____

RENTER: _____ OWNER/AGENT: _____ PHONE #: _____

COMMERCIAL: _____ CONSTRUCTION: _____ FIRE HYDRANT: _____

I hereby agree to the following conditions:

_____ 1. Turn-on hours are from 9:00 AM to 3:00PM daily. It is the responsibility of the customer to have someone at the residence if they would like someone present for turn-on. The City is not responsible for any damage incurred due to fixtures being left on in or out of the residence.

_____ 2. I agree to pay the bill for such services, once per month as set in the ordinance by the 10th of each month.

_____ 3. I further agree to give written notice to disconnect services when I move or permanently vacate the premises.

_____ 4. I agree that the deposit will be paid toward the account for any unpaid service owed by me when closing my account.

_____ 5. I agree that if I do not receive a bill by mail, it is my responsibility to call or come to City Hall and determine the amount of the charge for services and pay on or before the 10th of each month.

_____ 6. I hereby covenant to protect and save harmless the City of La Vernia for all claims for damage occasioned by the bursting of any pipes used for the supplying of water and wastewater under this application.

_____ 7. I understand my deposit shall not exempt me from any related water and/or wastewater connections fees.

_____8. If I default on any of the above agreement, I authorize the City of La Vernia to disconnect the water or any other service being furnished to me at my expense and will be charged according to the City of La Vernia current ordinance.

I hereby comply and agree to all provisions found in the City of La Vernia Water Ordinance, available for review at the City Hall.

Customer Signature: _____ Date: _____

REQUEST FOR ACCOUNT RECORDS CONFIDENTIALITY

The Texas Open Records Act provides that a government- operated utility which provides water, wastewater, drainage, sewer, gas, and electricity for compensation may not disclose personal information in a customer's account record **IF** the customer request, **IN WRITING**, the utility keeps the information confidential. Personal information, as defined by House Bill (effective date 9-1-1993) means an individual's address, telephone number, or Social Security Number.

If this is your intention that the above information in your account records is kept confidential, please mark and complete the bottom portion of this form.

_____I/WE, the undersigned, hereby request that my/our account records at the City of La Vernia Utility Department be kept confidential, as permitted by the Texas Open Records Act.

Customers Signature: _____

Printed Name: _____

Service Address: _____

For Office Use Only:

City Representative: _____

Date: _____ Cash _____ Credit _____ Check# _____

Meter Information:

Size: _____ Meter Reading: _____ Serial: _____ Sequence#: _____

City Sewer: _____ Septic: _____

Garbage Service:

Residential: _____ Commercial: _____

Senior Citizen: _____



Bank Draft Application

I approve the City of La Vernia to Draft the following bank account in the amount of the fees incurred each month.

Name on Account: _____

Service Address: _____

Mailing Address: _____

Telephone #: _____ Alternate #: _____

Draft from CHECKING: _____ Account #: _____

SAVINGS: _____ Account #: _____

Bank Routing #: _____

Bank Address: _____

The City is not responsible for errors on the application and a voided check is required.

I also understand the City is not responsible for bills that are large due to leaks.

I understand that, if an insufficient draft occurs I will become ineligible for ACH draft for a period of one year and a NSF Fee of \$25.00 will be charged and a new draft application will be required.

Customer Signature: _____

Utility Account Number: _____