



## Utility Services

 CONNECTION

 DISCONNECTION

 UPDATE ACCOUNT

EFFECTIVE DATE \_\_\_\_\_

\$200 Deposit. Due with New Application

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**SERVICE ADDRESS INFORMATION**
 Rental

 Residential

 Commercial

Applicants Name \_\_\_\_\_

Service Address \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

 Driver's License # \_\_\_\_\_ (State) \_\_\_\_\_  
(Copy of D/L for File)

Cell Phone \_\_\_\_\_ Applicants E-Mail \_\_\_\_\_

Work Phone \_\_\_\_\_

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**FORWARDING ADDRESS INFORMATION**

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

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**TRANSFER SERVICE INFORMATION**

New Service Address \_\_\_\_\_ Date to Connect \_\_\_\_\_

Previous Service Address \_\_\_\_\_ Date to Disconnect \_\_\_\_\_

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**Request for Confidentiality of Customer Information**
 Check the box to request confidentiality.

TEXAS PUBLIC INFORMATION ACT All information submitted to municipal government entities is subject to the Texas Public Information Act. This Act states that your utility information is subject to open records by third party entities unless otherwise noted. Please indicate if you would like your utility billing information to be available for such requests.

\_\_\_\_\_  
Signature\_\_\_\_\_  
Date\_\_\_\_\_  
Co-Applicant Signature\_\_\_\_\_  
Date



## UTILITY BILLING SERVICE AGREEMENT

I understand the utility deposit in the amount of \$200.00 must be paid in full at the time of application or service will not be established. The utility deposit cannot be paid out or added to the bill. I understand that I will be charged all Utility Services.

I understand Service connections are done as time permits; someone must be present in the house/business in case of leaks, faucets left on or any other problems that may occur.

I understand that if I have an aerobic septic system, I will provide a copy of the most recent quarterly inspection from Grayson County which can be obtained by contacting Audra Burnett at 903-813-4253.

I understand that I can pay via cash, check or credit/debit card\* in person, I can drop check or money order in the drop box just outside City Hall or I can pay online at the City Website [www.cityofbells.org](http://www.cityofbells.org) and doing so if I use a credit/debit card the city will receive all payments the same business day and if I use an **echeck** that I realize it will take up to two (2) weeks for the city to receive my payment. I can also request that my bill be drafted from my account on the 10<sup>th</sup> of each month by filling out the appropriate form. \* all credit/debit card payment are subject to a 3.5% fee.

I understand Water bills are due no later than the 10<sup>th</sup> of each month. On the 11<sup>th</sup> day of the month, a 10% late fee will be added to the unpaid balance. A drop box is provided for your convenience of payment, just outside of City Hall.

I understand that late notices are mailed about the 11<sup>th</sup> day of the month. If payment is not received or a payment extension has not been established on or before the 19<sup>th</sup> day of each month, a \$50.00 delinquent fee will be added on the 20<sup>th</sup> and services will be disconnected. Once services are disconnected, full payment of the delinquent bill and delinquent fee must be paid prior to service being continued.

I understand Extensions will be granted to customers who fill out a request and provide a copy of a picture ID. Four (4) extensions may be granted within a 12-month period. All extensions must be submitted by 5pm on the 19th.

I understand that if the property is vacated, with or without filling out the proper request, and there is an unpaid balance, the City of Bells will apply the utility deposit to the account to satisfy the unpaid amount. If there is a remaining unpaid balance after the deposit has been applied, the customer will be billed at the last known address on file. If the balance is not paid within 30 days, the account will be turned over to a collection agency. However, if there is a credit due after the deposit has been applied, a refund will be mailed to the last known mailing address on file.

I understand the water service will remain in my name and will be my financial responsibility until I sign a form requesting that service be discontinued.

I have read and understand the billing procedures and the solid waste guidelines for the City of Bells.

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Customer Signature

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Date

# City of Bells/Sanitation Solutions Trash Pick Up/Bulk Item and Brush Pick Up



Residential Trash Pickup  
Pickup Day: Wednesday  
Have trash out by: 7 AM  
Bag/Trash Limit: Poly cart only



## Bulk Item Pick Up Last Wednesday of each month.

- Residents can place two (2) bulky waste items or four (4) cubic yards of bagged or bundled material neatly stacked at the curb as early as 4:00 PM the day prior to their scheduled pickup day and no later than 7:00 AM the day of their scheduled pickup.
- Residents will be required to contact Sanitation Solutions to schedule pick up at least 24 hours prior to last collection day of the month. Sanitation Solutions 903-784-0124

### Bulk Items consist of

- *stoves*
- *water tanks*
- *washing machines*
- *furniture, and any other similar items, and materials that are not prohibited.*

### Bulk Items NOT ACCEPTED:

- *batteries*
- *55 gallon barrels*
- *concrete*
- *construction debris*
- *large dead animals or stable matter*
- *fence posts or fencing materials*
- *chemicals or paint*
- *propane tanks*
- *tires*
- *TVs*
- *appliances w/freon*

Brush: Brush must be cut into 3ft lengths and bound together weighing no more than 50lbs.

Bulk Items: Residents will be allowed 8 additional bags during the week following Thanksgiving and Christmas.



I, \_\_\_\_\_(Name) hereby authorize the City of Bells, hereinafter called City, to initiate debit entries to my checking or savings account indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to credit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Depository Account Name:

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Depository Financial Institution:

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Routing Number:

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Account Number:

Checking

Savings

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City / State:

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This authorization is to remain in full force and effect until 30 days after CITY has received written notification from me of its termination in such time and in such manner as to afford the CITY and DEPOSITORY a reasonable opportunity to act on it.

Name:

Phone Number:

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Signature:

Water Account #

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Date:

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