



CITY OF PEARSALL UTILITY DEPARTMENT

215 South Ash Street
PEARSALL, TEXAS 78061

Phone: (830) 334-3676
Fax: (830) 334-4750

APPLICATION FOR UTILITY SERVICES: RESIDENTIAL COMMERCIAL

(Please Print)

Application Date: _____ Service Connection Date: _____

Service Location
Address: _____

Applicant Name: _____ Co-Applicant: _____

Business Name: _____ Tax ID# _____

Billing
Address: _____

Email Address: _____ Phone Number: _____

Social Security Number (required): _____

(A copy of a current and valid state issued identification is required for services to be connected.)

- Are you the property owner or renter/tenant? Property Owner Renter/Tenant
- If you are you the renter/tenant, you must provide a copy of your renter's/lease agreement; agreement must provide the property owner's name, mailing address and contact phone numbers.
- Co-owner(s)/co-lessee(s) must be a co-applicant and provide the same required information.
- **SEE ATTACHED SCHEDULE OF DEPOSITS AND CONNECTION FEES**

APPLICATION AGREEMENT: In consideration thereof, I hereby make application for utility services to be furnished by the City of Pearsall, and agree to abide by all rates, rules and regulations of the utility system established and adopted by the City Council of the City of Pearsall.

I understand that I will be held responsible for the payment of all bills rendered for water, sewer and garbage services provided at the premises, until written notice is given by applicant to the City of Pearsall for the disconnection or cancellation of services.

SERVICES: Title of all water meters and connections furnished by the City of Pearsall remains in said ownership of City of Pearsall. If sanitary sewer service is not available at the premises of applicant then the reference herein to sanitary sewer service are to be disregarded, but in the event subsequent sanitary service is available and furnished to such premises, then all of the provisions hereof will be in such force and effect. Garbage services are contracted by a third-party contractor, and shall apply to all applicants whose building, land or lot, is being provided water and/or sewer services by the City.

DUE DATE/DISCONNECTION: Billing period will be the 15th of one month through the 15th of the next month. Utility bills are issued on the 1st day of each month, and due by the 10th of each month. A late fee of 5% will be added to the total bill if paid or postmarked after the close of business on the 17th which is 4:30 p.m. The final day to pay your bill is the 25th of each month. In the event of default, services will be discontinued without notice.

TERMINATION OF ACCOUNT: Upon applicant's written request, or after 30-days of disconnection, the City of Pearsall will terminate the account and apply deposit towards any balance owed for services. Any overages to be refunded to the customer will be made by check and directly payable and mailed to accountholder within thirty (30) days from disconnection.

RETURNED CHECKS: Customer's will be charged a fee of thirty-dollars (\$30.00) for each check returned by a banking institution. A customer's utility account will be considered unpaid if the City receives a returned check and applicable returned check fees, late fees, non-payment or reconnection fees may apply. The City reserves the right to disconnect services for non-payment according to its Policies and Procedures. No checks will be accepted to pay for a returned check. The City of Pearsall will not accept checks from customers that have submitted two (2) returned checks during a period of two (2) years from the date of the second check.

BILL ADJUSTMENTS: Bill adjustments shall be authorized only by the City Manager and only once per calendar year. Adjustments may be made to the sewer bill, if the average has been affected by a water leak. The request must be made in writing with proper receipt(s) indicating that the leak has been repaired. The request must be made within the same billing period as the repair.

I have read and understand the above terms, and that this application becomes a binding contract.

Applicant Signature

Date

Co-Applicant Signature

Date

FOR OFFICE USE ONLY

Date: _____ Amount of Deposit: _____ Tender: _____ Receipt Number: _____

Accepted by: _____

Account Number: _____

Additional Notes if necessary: