

CITY OF AUBREY

Previously Occupied

RESIDENTIAL WATER APPLICATION

Name \_\_\_\_\_

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

Mailing Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

DL# \_\_\_\_\_ SS# \_\_\_\_\_

Name of nearest relative: \_\_\_\_\_ Phone: \_\_\_\_\_

Date to Start Service: \_\_\_\_\_

Check here if you are at least 65 yrs of age: \_\_\_\_ (To qualify for any or all Senior Discounts)

I hereby request that all personal information related to my account be kept confidential, as allowable by law. This includes my address, telephone, social security and driver's license number, volume or units of utility usage and amount billed or collected for utility usage. Yes \_\_\_\_ No \_\_\_\_

Residential water / certificate of occupancy deposit is \$150.00 and is refunded ONLY when you move from the above listed address and the water bill is paid in FULL.

Water bills are mailed out around the 21<sup>st</sup> of each month. The bill is due by the 5<sup>th</sup> of each month. If the 5<sup>th</sup> of the month falls on a weekend, the water bill will be due the next working day. Past due bills will be mailed out the 6<sup>th</sup> of each month, or the second working day if the 5<sup>th</sup> falls on a weekend. A 10% penalty will be added to the past due total amount due. This amount is due no later than the 15<sup>th</sup> of each month. If the 15<sup>th</sup> falls on a weekend, the water bill will be due the next working day. If the water bill is not paid, service WILL be disconnected and you will be charged a \$30.00 reconnect fee before the service will be reconnected.

Service includes a twice per week garbage pickup on Monday and Thursday morning, with a recycle pickup on Monday.

The above information is true and correct to the best of my knowledge and I have read and understand the information printed above.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_ Spouse Signature \_\_\_\_\_ Date \_\_\_\_\_

FOR OFFICE USE ONLY Coserv TXNM Atmos Gas

CASH \_\_\_\_\_ CHECK # \_\_\_\_\_ BANK \_\_\_\_\_ AUDIT# \_\_\_\_\_

ACCT# \_\_\_\_\_ BOOK \_\_\_\_\_ READ \_\_\_\_\_ METER \_\_\_\_\_

CODES: WATER \_\_\_\_\_ SEWER \_\_\_\_\_ GARBAGE \_\_\_\_\_

# CITY OF AUBREY WATER SYSTEM SERVICE AGREEMENT

**Date:** \_\_\_\_\_

**Name of Customer:** \_\_\_\_\_  
Please Print

**Service Address:** \_\_\_\_\_

## **TERMS**

The terms of the service agreement between the City of Aubrey Water System and the above named customer are as follows:

- A. The City of Aubrey will maintain a copy of this agreement as long as the customer is connected to the water system.
  
- B. The Customer shall allow his/her property to be inspected for possible cross-connections and other unacceptable plumbing practices. These inspections shall be conducted by the Public Works Director or its designated agent prior to initiating new water service when there is reason to believe that cross-connections or other unacceptable plumbing practices exist, or after any major changes to the private plumbing facilities. The inspections shall be conducted during normal business hours.
  
- C. The City of Aubrey shall notify the Customer in writing of any cross-connection or other unacceptable plumbing practices that have been identified during the initial inspection or the periodic re-inspection.
  
- D. The Customer shall immediately correct any undesirable plumbing practice on the premise.
  
- E. The Customer shall, at his/her expense, properly install, test and maintain any backflow prevention device required by the City of Aubrey. Copies of all testing and maintenance records shall be provided to the City of Aubrey.

\_\_\_\_\_  
**Customer Signature**

\_\_\_\_\_  
**Spouse Signature**

**City of Aubrey  
Water Department  
940-440-9343**

**Request for Confidentiality**

**I hereby request that all personal information related to my account be kept confidential, as allowable by law. This includes my address, telephone, social security and driver's license number, volume or units of utility usage and amount billed or collected for utility usage.**

**Customer Name:** \_\_\_\_\_  
(Name indicated on bill)

**Account Number:** \_\_\_\_\_

**Service Address:** \_\_\_\_\_  
(Address receiving water or sewer services)

**Mailing Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Social Security or Driver's License #:** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Mail completed, signed form to:**

**City of Aubrey Water Department  
Confidentiality Request  
107 S. Main  
Aubrey, TX 76227**

**You may also hand carry this form to City Hall Water Department.**