



**RESIDENTIAL APPLICATION FOR
WATER, SEWER, AND TRASH SERVICE**
Per Chapter 70 – UTILITIES, CODE OF ORDINANCES
TOWN OF FLOWER MOUND, TEXAS

Today's date: _____ Service effective date: _____

Service Address: _____ City _____ Zip _____

Mailing address (if different): _____

Name(s) on Account: 1) _____ 2) _____

Driver's License No: 1) _____ State _____ 2) _____ State _____

Date of Birth: 1) _____ 2) _____

Home/Cell Phone: 1) _____ 2) _____

Social Security No: 1) _____ 2) _____

Email Address: _____

Name of a friend/relative to contact in case of an emergency: _____ Ph: _____

TRASH SERVICE: I understand that there is an extra charge per month for more than one container at the residence.

Order EXTRA: 95-gallon container (\$8.57) _____ Recycle container (\$1.28) _____

Check here if you are at least 65 years of age: _____ (To qualify for Senior Citizen Discount for trash service)

House Bill 872 prohibits a government-operated utility from disclosing a customer's personal information (defined as an individual's address, telephone number, social security number) as well as information relating to the volume or units of utility usage or the amounts billed to or collected from the customer unless the customer requests that the information be disclosed. Therefore, please indicate below if you desire for this information to be disclosed to the public.

DO YOU WANT YOUR RECORDS RELEASED? YES _____ NO _____

DO YOU WISH TO RECEIVE YOUR BILL ELECTRONICALLY? YES _____ NO _____
(By selecting YES you will not receive a paper copy of your bill)

I understand that if a payment is made after the due date there is a 10% penalty added to the account. I understand that if service is disconnected for any reason, an additional deposit will be required equal to one-sixth of the last twelve months billings. I understand that the \$15.00 SERVICE CHARGE will be on my 1st bill. I understand that if a Letter of Credit is not received prior to my first bill that I will be billed for a deposit of \$60.00 over 1, 2, or 3 months (Please circle one). I understand that once I am billed for the deposit that a Letter of Credit will not be accepted.

REQUIRED SIGNATURE: 1) _____ 2) _____

(For Office Use Only)

ACCOUNT # _____

W/O # _____

Date processed _____

To be billed-Deposit: _____

Indemnity Waiver Rec'd _____

To be billed-Service fee: _____

LOC Rec'd _____

Completed by: _____

2121 Cross Timbers Rd * Flower Mound, Texas 75028 * Office 972/874-6010 * Fax 972-874-6491 * TDD 1-800-RELAY-TX

Email: utilitybilling@flower-mound.com



Indemnity Waiver

I, _____, do hereby waive my right to be present during the time in which the Town of Flower Mound shall commence water meter connections for the address commonly known as _____. I hereby indemnify and hold harmless the Town of Flower Mound, its agents and employees from and against any and all claims, damages, losses and/or expenses, including, but not limited to, attorney's fees arising out of or resulting from any negligent performance of water connections services on the property referenced herein.

Signed this _____ day of _____, 20 ____.

(SIGNATURE)

Please return completed application and waiver to our office, or if time permits by mail, to:

**Town of Flower Mound
2121 Cross Timbers Road
Attn: Utility Billing
Flower Mound, TX 75028**

Be aware that the waiver is so that the Town of Flower Mound employees can turn the service on without anyone being present. It is in your best interest to ensure that all faucets, both inside and out, have been shut off completely. Otherwise the Town of Flower Mound employees will have to disconnect the service due to water running and a delay in connection will be unavoidable.

Unless we receive all the needed information we cannot begin your water service.