



**City of Jarrell**  
 Utilities Department  
 161 Town Center Blvd.  
 Jarrell, TX 76537

City Hall: (512)746-4593  
 Fax: (512)746-2052

## CITY UTILITY SERVICES AGREEMENT

(please print clearly and fill out completely)

RESIDENTIAL
Customer Name: _____
Spouse Name: _____
Service Address: _____
Mailing Address (if different than service address): _____
Email Address: _____
Home/Cell Phone: _____
<input type="checkbox"/> OWN <input type="checkbox"/> RENT Property Owner: _____ Address (if different than service address): _____ Email Address: _____

COMMERCIAL
Business Name: _____
Contact Name: _____
Service Address: _____
Mailing Address (if different than service address): _____
Email Address: _____
Home/Cell Phone: _____
<input type="checkbox"/> OWN <input type="checkbox"/> RENT Property Owner: _____ Address (if different than service address): _____ Email Address: _____

*Please read the following carefully.* Applicant acknowledges that meters are the property of the City and that they may be turned on or off only as authorized by the City. It is unlawful for any person or property owner to reconnect or attempt to reconnect service and is punishable by fine up to \$1,000 and/or jail. Applicant acknowledges that the City has right of access to meters whenever necessary. Failure to provide such access may result in disconnection of service. Applicant agrees to abide by and consider as part of this agreement any ordinance, rules and regulations the City adopts concerning utility service. All new customers shall be required to pay a security deposit in the amount of \$125.00 for service to be established. All bills are due on or before the 15<sup>th</sup> day of each month, at which time a late fee shall be assessed for all unpaid balances. In the event service is disconnected due to nonpayment, the City shall require full payment of any delinquency, in addition to any reconnection fees prior to reinstatement and reconnection of utility services. Applicant agrees to accept full responsibility for the payment of all charges incurred until such time that they notify the City in writing of their intent to cancel service. Security deposits shall be applied to any unpaid balance or refunded in full approximately 8 weeks from the date of cancelation. I hereby certify that the above information is correct to the best of my knowledge and do agree to abide by all terms as required by the City of Jarrell.

\_\_\_\_\_  
 Applicant Signature

\_\_\_\_\_  
 Date

I request that any personal and/or identifying information contained within my utility account be kept confidential unless disclosure is required or mandated by law.

**DO NOT WRITE BELOW – FOR OFFICIAL USE ONLY**

Processed by (initials): \_\_\_\_\_ New Acct #: \_\_\_\_\_ Acct Type (circle): SW SW/WTR

Date: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Paid by:  Cash  Check # \_\_\_\_\_  Credit Card

ONCOR Confirmation #: \_\_\_\_\_ ID / DL #: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_