



CITY OF COTTONWOOD SHORES APPLICATION AND SERVICE AGREEMENT "NEW ACCOUNT SERVICE"



First Name: _____ Last Name: _____ Date: _____

Service Address: _____ Sec #: _____ Lot #: _____

Mailing Address: _____ SSN #: _____

Email Address: _____ DL #: _____

Phone #: _____ Date of Birth: _____

Cell #: _____ Owner / Landlord: _____

Lease Agreement Provided: Yes No Residential: Commercial:

Services Applied For: Water Sewage Trash Removal / Garbage

Residential Renters

Residential Owners

Commercial

Residential Renters		Residential Owners		Commercial	
Inside City Limits:	Outside City Limits:	Inside City Limits:	Outside City Limits:	Inside City Limits:	Outside City Limits:
Deposit: <u>\$300.00</u>	Deposit: <u>\$325.00</u>	Deposit: <u>\$200.00</u>	Deposit: <u>\$225.00</u>	Deposit: <u>\$225.00</u>	Deposit: <u>\$250.00</u>
New Service Fee: <u>\$25.00</u>	New Service Fee: <u>\$25.00</u>	New Service Fee: <u>\$25.00</u>	New Service Fee: <u>\$25.00</u>	New Service Fee: <u>\$25.00</u>	New Service Fee: <u>\$25.00</u>
CSI: _____	CSI: _____	CSI: _____	CSI: _____	CSI: _____	CSI: _____
Other: _____	Other: _____	Other: _____	Other: _____	Other: _____	Other: _____

THE UNDERSIGNED ("HEREINAFTER CALLED THE CONSUMER") HEREBY MAKES APPLICATION FOR AND AGREES TO TAKE FROM THE CITY OF COTTONWOOD SHORES THE SERVICE OR SERVICES COVERED BY THIS APPLICATION AT THE ADDRESS GIVEN ABOVE, AND AGREES ON OR BEFORE THE 10TH DAY FROM THE DATE OF BILLING EACH MONTH IF BILLED MONTHLY, TO PAY THE CITY AT ITS OFFICE FOR ALL SUCH SERVICES FURNISHED CONSUMER DURING THE PERIOD FOR WHICH SAID BILLING IS RENDERED, ACCORDING TO THE AMOUNT THEREOF AS ESTABLISHED BY, AND IN ACCORDANCE WITH, THE STANDARD RATES OF THE CITY AS FROM TIME TO TIME ESTABLISHED FOR SUCH CLASS OF SERVICE. THE CITY SHALL NOT BE OBLIGATED UNDER THIS AGREEMENT TO FURNISH ANY SERVICE OF A TYPE OR CHARACTER NOT AVAILABLE FROM THE EXISTING LINES OR FACILITIES.

THE CONSUMER AGREES TO PERMIT THE AUTHORIZED AGENTS OF THE CITY FREE ACCESS TO THE PREMISES OF THE CONSUMER FOR THE PURPOSE OF CONNECTING, DISCONNECTING, INSPECTING, TESTING, READING METERS, REPAIRING OR REMOVING ANY PROPERTY OF THE CITY AND AGREES NOT TO PERMIT ANYONE OTHER THAN AUTHORIZED AGENTS OF THE CITY TO MOLEST OR OTHERWISE TAMPER WITH THE PROPERTY OF THE CITY TO REMOVE ITS SEALS.

THE CITY WILL MAKE REASONABLE PROVISIONS TO INSURE SATISFACTORY AND CONTINUOUS SERVICE, BUT IT DOES NOT GUARANTEE CONTINUOUS, AND WILL NOT BE LIABLE FOR LOSS OR DAMAGE CAUSED BY ACCIDENTS OR CONDITIONS WHICH IT COULD NOT HAVE FORESEEN OR OVER WHICH IT HAS NO CONTROL. THE CONSUMER AGREES THAT THIS APPLICATION AND AGREEMENT IS SUBJECT TO ALL CITY ORDINANCES AND REGULATIONS COVERING THIS SERVICE MENTIONED, AND THAT SUCH ORDINANCES AND REGULATIONS ARE PART OF THIS AGREEMENT.

THE FOLLOWING INFORMATION IS REQUIRED BY THE FEDERAL GOVERNMENT IN ORDER TO MONITOR COMPLIANCE WITH FEDERAL LAWS PROHIBITING DISCRIMINATION AGAINST APPLICANTS SEEKING TO PARTICIPATE IN THIS PROGRAM. YOU ARE NOT REQUIRED TO FURNISH THIS INFORMATION, BUT ARE ENCOURAGED TO DO SO. THIS INFORMATION WILL NOT BE USED IN EVALUATING YOUR APPLICATION OR TO DISCRIMINATE AGAINST YOU OR ANY INDIVIDUAL APPLICANTS ON THE BASIS OF VISUAL OBSERVATION OR SURNAME.

<input type="checkbox"/> White, Not of Hispanic Origin	<input type="checkbox"/> Black, Not of Hispanic Origin	<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Asian or Pacific Islander	<input type="checkbox"/> Other (Specify)	<input type="checkbox"/> Male <input type="checkbox"/> Female
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Applicant Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____

(Co-Applicant Required If Under 18 Years of Age)

**CITY OF COTTONWOOD SHORES
APPLICATION AND SERVICE AGREEMENT**

EMPLOYMENT DETAILS

Employer Name: _____ Occupation: _____

Address: _____ Phone Number: _____

City: _____ State: _____ Zip Code: _____

OTHER CONTACT / PERSONAL INFORMATION CONTACT

Relationship: _____ Phone Number: _____

First Name: _____ Last Name: _____

PERSONAL REFERENCES (At Least 3)

(Name) (Relationship) (Telephone Number)

(Name) (Relationship) (Telephone Number)

(Name) (Relationship) (Telephone Number)

NOTICE: Per TCEQ guidelines all new customers are hereby notified the use of chloramines for disinfection is being utilized in the City of Cottonwood Shores water system.



CITY OF COTTONWOOD SHORES



3808 Cottonwood Drive
Cottonwood Shores, Texas 78657
Phone #: (830) 693-3830 Fax #: (830) 693-6436

Animal / Pet Registration

Registration Date: ____/____/____

Permit Number: _____

Owner Information

Name of Owner(s): _____

Address: _____ Home Phone: _____

Cell Phone: _____ Work Phone: _____

Animal Information

Name of Animal: _____ Date of Birth: ____/____/____

Species: _____ Breed: _____ Sex: Male Female

Color: _____ Size: _____ Spayed: Neutered:

Animal Information

Name of Animal: _____ Date of Birth: ____/____/____

Species: _____ Breed: _____ Sex: Male Female

Color: _____ Size: _____ Spayed: Neutered:

Animal Information

Name of Animal: _____ Date of Birth: ____/____/____

Species: _____ Breed: _____ Sex: Male Female

Color: _____ Size: _____ Spayed: Neutered:

Rabies License Information

Veterinarian: _____ Phone: _____

1 License #: _____ Vacc. Date ____/____/____ Exp. Date: ____/____/____

2 License #: _____ Vacc. Date ____/____/____ Exp. Date: ____/____/____

3 License #: _____ Vacc. Date ____/____/____ Exp. Date: ____/____/____

Notes:

Know the City Regulations Concerning Utility Bills !

1. Water meters are read between the 10th & 15th day of every month.
2. Utility bills are mailed no later than the 1st day of the next month.
3. Bills are due & payable on the 1st, and are PAST DUE after 8:00 a.m. on the 11th day.
4. A drop slot at City Hall allows for payment after hours, money orders or checks only! Payment by MasterCard, Visa or Discover Card is now available, (a convenience fee of 3% plus \$.35 will apply), during business hours. 8:00 a.m. to 5:00 p.m. Monday through Friday excluding certain holidays.
5. A \$10.00 late charge applies to all payments after the 10th of the month.
6. Service for unpaid accounts will be disconnected after 8:00 a.m. on the day following the 20th day. (21st)
7. A 2-week grace period may be applied for, by completing a Promissory Note and payment of a \$25.00 Handling Fee no later than 5:00 p.m. on the 20th day, once a year. (12 Month Period) (See City Ordinance 13001, Article IV, Section 2, Line Item #6) Extenuating Circumstances will be evaluated on a case by case basis.
8. Payments made after the 20th, but before disconnect are subject to a \$25.00 surcharge.
9. Payments received after Termination Notice is completed, are subject to a \$10.00 late charge and \$45.00 re-establishment fee if we disconnect or NOT.

Timeline:

due 10th	past due - add \$10.00	20th disconnect or promissory note	promissory note + \$10.00 + \$25.00 + \$45.00 re-establish
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Resident acknowledgement:

.....
name

.....
date

.....
City employee initials



CITY OF COTTONWOOD SHORES

3808 Cottonwood Drive
Cottonwood Shores, Texas 78657
Phone #: (830) 693-3830 Fax #: (830) 693-6436



Confidentiality Request Form

Would you prefer your City of Cottonwood Shores Utility Records be Confidential?

You can now request that personal information contained in our utility application not be released to unauthorized persons.

The Texas legislature enacted a bill allowing publicly-owned utilities to give their customers the option of making the customer's address, telephone number and social security number confidential.

Is there a charge for this service?

No. There is not charge for this service.

How can you request this?

Simply complete the form at the bottom of this page and return it to the City of Cottonwood Shores Utility Office located at 3808 Cottonwood Drive, Cottonwood Shores, TX 78657. If you need more information, please call at 8300-693-3830.

We must still provide information under law to certain persons.

We must still provide information to: (1) an official or employee of the state or a political subdivision of the state, or the federal government acting in an official capacity; (2) an employee of a utility action in connection with the employee's duties; (3) a consumer reporting agency; (4) a contractor or subcontractor approved by and providing services to the utility or to the state, a political subdivision of the state, the federal government, or an agency of the state or federal government; (5) a person for whom the customer has contractually waived confidentiality for personal information; or (6) another entity that provides water, wastewater, sewer, gas, garbage, electricity, or drainage service for compensation.

Yes, I want you to make my information (address, telephone number and social security number) confidential.

Customer Name: _____

Phone Number: _____ Account #: _____

Service Address: _____

Mailing Address: _____

Signature: _____ Date: ____/____/____