



# Landlord/Management Company Utility Service Application

Today's Date: \_\_\_\_\_ Date of Service: \_\_\_\_\_

## Management Company Information

Company Name:

Tax ID:

## Contact Information

First Name:

Last Name:

SSN:

Date of Birth:

Primary Phone:

Email:

## Service Location Information

(check all that apply)

☐

**New Account**

☐

**Irrigation Account**

Service Address:

Mailing Address:

(If different from above)

## Trash Services

Please note that trash services are \$17.98 plus tax which includes one poly cart & \$23.00 plus tax for two poly carts. Additional poly carts are \$5.02 each and will be added to your monthly bill.

## About your Deposits

The City of Bullard requires that every landlord customer pay a deposit upon opening or re-establishing an account with the City to guarantee payment on the account for water, sewer, and solid waste services rendered. A deposit is required for every location serviced by the City up to \$500. A customer pays the deposit with the express understanding and agreement that the City may apply all or any part of the deposit towards an arrearage on the account in satisfaction of the amount owed. Deposits are refunded to the customer upon closing an account. The City will refund the deposit less any amount owed to the City. The refund is paid by check and is mailed within 30-60 days of the final meter reading on the account. The customer is responsible for providing the forwarding address to the City.

## Disconnection Policy

The City of Bullard Utility Services are subject to disconnection on the 1st of the month for non-payment, accrual of 10% late payment charge and reconnection fees.



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## Agreement

I (Applicant) hereby request the City of Bullard to provide utility services at the above location. I (Applicant) agree to pay all charges for services rendered as a result of this request. I (Applicant) understand and agree that failure to pay any amount due to the City can result in services not being connected/reconnected until such payment has been received.

\_\_\_\_\_ I have received and understand the Payment Policy

\_\_\_\_\_ I understand that I will receive a bill for all balances owed to the City on the account, for when there is no tenant occupancy.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date

## For Office Use Only

Received Completed By: \_\_\_\_\_ Account Number: \_\_\_\_\_

Payment Amount: \_\_\_\_\_ Payment Type: CA    Check    CC