WASTEWATER SERVICE APPLICATION

Village of Salado

DATE: _____   ☐RESIDENTIAL   ☐COMMERCIAL

SERVICE LOCATION: _____

APPLICANT: _____

MAILING ADDRESS: _____

PHONE #1: _____ PHONE #2: _____ PHONE #3: _____

EMAIL ADDRESS: _____ LANDLORD ACCOUNT: Y____ N____

DL# _____ STATE: _____ DOB: _____

NEW SERVICE _____ Security Deposit: $100. Deposit will be applied to final bill upon termination of service

SERVICE TRANSER _____ Transfer Fee: $30 transfer fee is due prior to transfer.

IN ACCORDANCE WITH TEXAS UTILITIES CODE, CHAPTER 182, IF RESIDENT REQUESTS THEIR ADDRESS, PHONE NUMBER, SOCIAL SECURITY NUMBER, USAGE AND BILLING HISTORY BE KEPT CONFIDENTIAL, THE CITY WILL NOT DISCLOSE THE INFORMATION EXCEPT AS REQUIRED OR MANDATED BY LAW.
CONFIDENTIAL ACCOUNT   Y_____ N_____

THE UNDERSIGNED AGREES TO:

1. Receive wastewater service from the Village of Salado subject to the terms and conditions of the Village's Wastewater Ordinance and other applicable laws.

2. Pay the monthly Wastewater Bill for the service address listed above

3. Submit completed form to Village Municipal building located at 301 N. Stagecoach, Salado, Texas.

Payment must be received by date specified on the bill or you will incur late fees and/or termination of service.

SIGNED: _____ DATE: _____

PORTION COMPLETED BY VILLAGE REPRESENTATIVE:

APP. FEE DATE: _____ TRANSFER FEE DATE: _____ DEPOSIT DATE: _____

AMT: _____ ☐CASH ☐CHECK# _____ ☐V/MC/DIS _____

ACCT#: _____ METER #: _____ RECEIPT #: _____

LOT: _____ BLOCK: _____ SUBDIVISION: _____ SECTION: _____

RECEIVED BY: _____ COMMENTS: _____

NUMBER OF LUES: _____ CONNECTION DATE: _____ INITIALS: _____

Make checks payable to: Village of Salado. Mail payments to: PO Box 219 Salado, TX 76571
For more information call (254)947-5060 or refer to Wastewater Rate Ordinance on our web site at https://www.saladotx.gov/