

CITY OF EDINBURG
UTILITY BILLING DIVISION

Application for Wastewater and/or Solid Waste Collection Service

TYPE OF ACCOUNT **COMMERCIAL** **RESIDENTIAL**

New Exchange 2nd Cart Remove

Account # Cart ID # Size Cost \$

City of Edinburg North Alamo Water Supply Sharyland Water Supply

Date: _____ Permit #: _____ Amount \$: _____

Name: _____ Phone #: _____

Street Address: _____

Mailing Address: _____

Legal Description: _____

Signature of Applicant(s) _____ Date _____

Comments: _____

I/We _____ agree to pay monthly wastewater solid waste collection charges to the City of Edinburg through our servicing Water Supply Corporation's billing office. If I/We fail to pay the monthly installment of the wastewater and/or solid waste collection charges. I/We authorize and agree to allow our Water Supply Corporation to disconnect my/our water meter **and to withhold water service until such delinquency is made current.**

Signature of Applicant(s) _____ Date _____

(For Use by the City Utility Billing Division)

The City of Edinburg requests that _____ Water Supply Corporation begin charging _____ for the following service(s): (Circle a,b,c and/or d and fill in the blanks)

- (a) Monthly wastewater service at a rate of _____ in combination with monthly solid waste collection service at a rate of _____
- (b) Monthly Solid Waste collection service only at a rate of _____
- (c) Monthly wastewater service only at a rate of _____
- (d) Delinquency

Payments _____ Services commence on _____.
Upon receipt of application, charges will be reflected in servicing Water Supply Corporation's next billing cycle.

Cashier/Clerk _____ Receipt # _____ Date _____

Approved by (Director of Utilities) _____ Date _____

Approved by (Utility Billing Supervisor)

Date