



APPLICATION FOR COMMERCIAL SANITATION SERVICES

PO Box 638, 305 N. Arch Street, Royse City, TX 75189

Phone: 972-636-2250

Fax: 972-635-2319

Email: utilities@roysecity.com

Notice: This application is a government record, as defined by the Texas penal code, Section 37.01. Making a false entry in a government record is a criminal offense. This form will not be considered a viable application for city utilities unless the form has been completed in it's entirety, every blank must be completed. All city utility accounts shall bear the name of the individual accepting the responsibility of the deposit and certificate of occupancy. This form must be signed and dated by the individual accepting the responsibility for the utility deposit an the certificate occupancy.

Service Request Date: _____ Account #: _____

Company Name: _____

Service Address: _____

Mailing Address (if different): _____

President or Legal Representative: _____

TYPE OF BUSINESS:

Corporation

Partnership

Sole Owner

Other: _____

DL#: _____

State: _____ Date of Birth: _____

Social Security #: _____

Tax ID/EIN# : _____

Office #: _____

Fax #: _____

Cell #: _____

Email: _____

Circle one: YES or NO to receive E-Bill paperless billing.

The following items must be provided:

1. Copy of Tax ID certificate OR the IRS letter assigning the company the EIN#. The W-9 form is not accepted.
2. Documentation demonstrating the person signing on part of the corporation has authority to enter into legal contracts for such corporation.

SANITATION:

Number of Commercial Cart(s): _____

Commercial Dumpster Size: _____ cu yard; to be picked up _____ times per week.

*Please note sanitation request for cart service will include (1) cart in the monthly service charge. If you require additional trash containers a charge of \$5.25 per additional cart will be added to your monthly bill.

Signature of Authorized Representative: _____

Date: _____

CITY OF ROYSE CITY

OFFICE INFORMATION CONTACTS

OFFICE CONTACTS:

BUSINESS NAME: _____

OWNER: _____ PHONE/EXT: _____

EMAIL ADDRESS: _____ PHONE: _____

OFFICE MANAGER: _____ PHONE/EXT: _____

EMAIL ADDRESS: _____ FAX: _____

ACCOUNTS PAYABLE: _____ PHONE/EXT: _____

EMAIL ADDRESS: _____ FAX: _____

ADDITIONAL CONTACTS:

NAME: _____ TITLE: _____

PHONE/EXT: _____ EMAIL ADDRESS: _____

NAME: _____ TITLE: _____

PHONE/EXT: _____ EMAIL ADDRESS: _____

NAME: _____ TITLE: _____

PHONE/EXT: _____ EMAIL ADDRESS: _____

NAME: _____ TITLE: _____

PHONE/EXT: _____ EMAIL ADDRESS: _____

NAME: _____ TITLE: _____

PHONE/EXT: _____ EMAIL ADDRESS: _____

NAME: _____ TITLE: _____

PHONE/EXT: _____ EMAIL ADDRESS: _____

The above personnel have authority to discuss account information with the City of Royse City.

I understand it is my responsibility to update information as needed.

Print Name: _____

Signature: _____

CITY OF ROYSE CITY

Account Privacy Agreement

The City of Royse City is a government operated utility. Your account information is considered public record under the Texas Public Information Act.

The Texas Utility Code, Chapter 182.052 allows a customer's account information confidential except to:

- 1) An official or employee of the state, a political subdivision of the state, or the United States acting in an official capacity.
- 2) An employee of a utility acting 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, the state, a political subdivision of the state, or the United States.
- 5) A person for whom the customer has contractually waived confidentiality for personal information.
- 6) Another entity that provides water, wastewater, sewer, gas, garbage, electricity, or drainage service for compensation.

AUTHORIZATION FOR CONFIDENTIALITY REQUEST:

I understand my account information is considered public record and I have the right to request my personal account information and any information relating to the volume or units of utility usage or the amount billed to be kept confidential.

PLEASE CHECK ONE:

- I request my account information kept confidential with the exception of the authorize person(s) listed on the office information sheet.
- I authorize any and all account information to be released up on request.

You may rescind your request for confidentiality upon a written request to the Water Department.

Applicants Signature

Date



The City of Royle City participates in an IRIS or Immediate Response Information System for each household or property located within the City limits. This system allows the City to send mass notifications for both Emergency and Non-Emergency situations. It has the ability to broadcast notification through multiple forms of communication to hundreds of thousands of residents quickly. Please take a few minutes to provide the information requested below and return this form to the City of Royle City Utility Department located at 305 N. Arch Street. Thank you for your time and attention in this viable resource. All information contained herein shall remain confidential.

Sec. 13.03.005 Emergency Notification Fee

An annual emergency notification fee not to exceed three dollars and fifty cents (\$3.50) shall be imposed on all utility accounts. (Ordinance 10-07-787 adopted 7/13/10)

CONTACTS & TELEPHONE NUMBERS

Name	
Address	
Phone #1	Text Y/N
Phone #2	Text Y/N
Phone #3	
Email Address #1	
Email Address #2	
Business Name	
New or Update Info	
Date:	

OFFICE USE ONLY

Removed previous owner/renter

Change/Update user type

Entered account number