



CITY OF LAMPASAS PUBLIC UTILITIES
APPLICATION FOR RESIDENTIAL SERVICE

312 East Third Street, Lampasas, Texas 512-556-3641 fax 512-556-2074

PROVIDING FRAUDULENT INFORMATION WILL RESULT IN DENIAL OR IMMEDIATE DISCONNECTION OF SERVICE. THE PARTY(IES) MAKING APPLICATION MUST BE THE PARTY(IES) LIVING AT THE LOCATION.

REQUESTED SERVICE DATE
REQUESTED SERVICE ADDRESS NEW CONSTRUCTION Yes No
BILLING ADDRESS (IF DIFFERENT FROM ABOVE)
CITY STATE ZIP CODE

CUSTOMER:

CUSTOMER NAME
DRIVER'S LICENSE NUMBER STATE
IDENTIFICATION NUMBER STATE
EMPLOYED BY HOME PHONE
EMPLOYER'S ADDRESS BUSINESS PHONE

SPOUSE/CO-APPLICANT:

SPOUSE/CO-APPLICANT
IDENTIFICATION NUMBER STATE
DRIVER'S LICENSE NUMBER STATE
EMPLOYED BY HOME PHONE
EMPLOYER'S ADDRESS BUSINESS PHONE

Please read the following and initial by each item:

I hereby agree to abide by the City of Lampasas Utility Service Regulations. I understand that utility service may be discontinued, without notice, for any of the following reasons:

- 1. Failure to pay utility bills by the due date printed on the disconnect notice,
2. Returned Checks,
3. Violation of City Utility regulations,
4. Theft of service,
5. Failure to discontinue or correct a known dangerous or unwarranted condition,
6. Failure to provide reasonable access to utility meters or deliberate obstruction of meters,
7. Deliberate, false, misleading, or incomplete information on an application for service or personal data sheet,
8. Failure to pay any portion of the bill,

I understand that I am responsible for any unpaid balance on my account after disconnection and that I will also be responsible for any collection fees related to the account.

Deposits for the account must be paid in full before connection will be made.

I understand that I may have to provide the Lampasas Public Utilities with a lease agreement before my utilities will be connected.

I hereby understand and agree that if I am disconnected for non-payment of my account, that my account is subject to review and I may have to pay additional amount of deposits, in accordance with the City of Lampasas Utility Policy, in addition to the amounts owed before my service will be reconnected.

Office Use Only

Electric Mtr 2nd Electric Mtr Water Sewer Garbage Other
Electric Inspection Released Water Inspection Released
Account Number Clerk

**CITY OF LAMPASAS PUBLIC UTILITIES
GENERAL INFORMATION**

The undersigned hereby agrees to pay for the services supplied by the Lampasas Public Utilities or their assigned subcontractors and as measured by the supplied meters (or charges for services as adopted by the City Council)

The undersigned agrees to permit authorized agents of Lampasas Public Utilities or their assigned subcontractors free access to the serviced premises for the purpose of connecting, inspecting, testing, reading, repairing, or removing the meter(s) or other property provided by Lampasas Public Utilities or their assigned subcontractors. Failure to allow said free access because of locked gates, unrestricted animals, blockage or any other obstruction which make the reading of meters or other monitoring devices will result in meter readings being estimated. When such estimation is required, the estimate will be based upon the highest consumption recorded on the account or the minimum bill, whichever is greater. The customer will be notified that obstructions exist and that the consumption is based by estimation. If the obstruction continues, service may be disconnected until the condition is corrected. The undersigned expressly agrees not to permit anyone other than authorized agents of Lampasas Public Utilities or their assigned subcontractors to molest or otherwise tamper with said property or to remove its seal from same.

Lampasas Public Utilities shall have the right, but shall not be obligated, to inspect any installations before electric service is introduced, or at any later time, and reserves the right to reject any wiring or appliances not in accordance with standards acceptable to Lampasas Public Utilities. Such inspection or failure to inspect or reject shall not be regarded as an insurance against defects in installation, wiring, or appliances and shall not render Lampasas Public Utilities liable or responsible for any loss or damage resulting from defects in the installation, wiring, or appliances or from violation of the rules and regulations, or from accidents which may occur upon the premises.

Lampasas Public Utilities will make reasonable provisions to insure satisfactory and continuous service, but it does not guarantee continuous service and will not be liable for loss or damage caused by unavoidable accidents or causes with Lampasas Public Utilities could not reasonably have foreseen and guarded against.

The undersigned agrees that this application is subject to the rules and regulations of Lampasas Public Utilities, a copy of which is open for inspection at the office of Lampasas Public Utilities, located at 312 East Third Street, and that these rules and regulations are a part of this of this agreement.

Signed _____ Date _____

State law provides that you have the right to request that personal information in your account record maintained by the City of Lampasas Public Utilities be kept confidential. If you would like the personal information maintained by the City of Lampasas Public Utilities not to be disclosed by the City of Lampasas to third parties, please check the box below and fill out a Confidentiality request form. There is a \$5.00 charge for this service.

Yes, I do request that my information be kept confidential, and I understand there is a \$5.00 charge for this service.

CITY OF LAMPASAS
PERSONAL DATA SHEET

LIST EACH PERSON, 18 YEARS OF AGE OR OLDER, LIVING AT THE SERVICE ADDRESS:
(OTHER THAN YOU OR SPOUSE/CO-APPLICANT)

NAME _____
DRIVERS LICENSE NUMBER _____ WORK PHONE _____
EMPLOYER _____
ADDRESS _____ CITY _____ STATE _____
RELATIONSHIP TO YOU _____

NAME _____
DRIVERS LICENSE NUMBER _____ WORK PHONE _____
EMPLOYER _____
ADDRESS _____ CITY _____ STATE _____
RELATIONSHIP TO YOU _____

NAME _____
DRIVERS LICENSE NUMBER _____ WORK PHONE _____
EMPLOYER _____
ADDRESS _____ CITY _____ STATE _____
RELATIONSHIP TO YOU _____

☼ PERSONAL REFERENCES:

NAME OF NEXT OF KIN (NOT LIVING WITH YOU) _____
ADDRESS _____ CITY _____ STATE _____
HOME TELEPHONE _____ WORK TELEPHONE _____
RELATIONSHIP TO YOU _____

NAME OF RELATIVE OR FRIEND (NOT LIVING WITH YOU) _____
ADDRESS _____ CITY _____ STATE _____
HOME TELEPHONE _____ WORK TELEPHONE _____
RELATIONSHIP TO YOU _____

I understand that the minimum deposits for utilities are \$125 for electric and \$75 for water/wastewater. I further understand the deposits are subject to increase depending on previous credit history and they must be paid in full before connection will be made.

I have provided the required information and do hereby certify that it is true and correct to the best of my knowledge.
I understand that deliberate, false, misleading, or incomplete information on this application may be cause for disconnection of my utility service. I further understand that I may be requested to provide the City of Lampasas Public Utilities with a copy of my lease agreement to verify my residence.

Signed _____ Date _____

*Please note, your utility bill can be bank drafted for your convenience, please ask the clerk for details.
*Lampasas Public Utilities also offers online payments at www.cityoflampasas.com