

\$150.00 Deposit + \$20.00 Admin fee - Due w/ Application \$170.00

APPLICATION FOR UTILITY SERVICE - CITY OF PANHANDLE

The person's names in which the account is listed are responsible for the account.
Please provide the City of Panhandle with the following information:

NEW/CURRENT SERVICE ADDRESS: _____ EFFECTIVE DATE: ____/____/____

CURRENT/PREVIOUS ADDRESS: _____ END DATE: ____/____/____

PURCHASING: ____/____/____ RENTING: ____/____/____ LANDLORD: _____

Have you had utility service in Panhandle before? Yes ____ No ____ Month/Year of Service: _____

Previous Service Address: _____ Under what name: _____

NAME: _____
First Middle Last Maiden

MAILING ADDRESS: _____ CITY: _____ STATE: _____ ZIP+4: _____

DRIVERS LICENSE NO: _____ STATE: _____ and/or CURRENT I.D.: _____
(Need copy of Driver's License) _____

DATE OF BIRTH: ____/____/____ SOCIAL SECURITY NO: ____-____-____

HOME PHONE: _____ CELL PHONE: _____ E-MAIL: _____

EMPLOYER: _____ EMPLOYER PHONE: _____

EMERGENCY CONTACT (IF OTHER THAN SPOUSE): _____ HOME: _____ CELL: _____

(May be used for Emergency Medical Services - Person with key or access to house)

SPOUSE OR OTHER OCCUPANT NAME: _____
First Middle Last Maiden

DRIVERS LICENSE NO: _____ STATE: _____ and/or CURRENT I.D.: _____

DATE OF BIRTH: ____/____/____ SOCIAL SECURITY NO: ____-____-____

HOME PHONE: _____ CELL PHONE: _____ E-MAIL: _____

EMPLOYER: _____ EMPLOYER PHONE: _____

I, the undersigned, request the City of Panhandle to furnish water, sewer, and sanitation services at the above address and I agree to pay for such services at the regular rates set by the City Council.

The bill for such services is due and payable by the 15th of each month. I understand that if I fail to pay for services, the city may disconnect my service without notice until arrears are paid in full. A cutoff fee will be charged and paid in full at the time of reconnect.

I agree to abide by and consider as part of this contract and ordinance, rules and/or regulations set by the City concerning the operation and billing of all services.

I, the undersigned, do hereby certify that the information given above is true and correct.

SIGNATURE OF APPLICANT _____

DATE _____

CLERK'S INITIALS _____

In accordance with H.B. 859 of the 73rd regular session of the Texas Legislature, I/we request my/our personal information (address, phone number, and social security number) maintained by the City to be kept confidential.

Name(s) _____

Signature _____

Utility Deposit # _____ Amount Paid: Deposit \$ _____ / Admin/Transfer Fee \$ _____ Date Paid: _____

Rec # _____ Account # _____ Transfer Deposit from Acct# _____

Copy of DL: _____ Clerk Initial: _____ Current Deposit on Acct \$ _____

Optional: If you would like to set up a draft for utility services, please complete the following form. Payment by debit or credit card is also available in person or by phone.

CITY OF PANHANDLE - UTILITY SERVICES
BANK DRAFT AUTHORIZATION FORM

CUSTOMER NAME: _____

AMOUNT: \$ Monthly Billing Amount *

ACCOUNT #: _____

ADDRESS: _____

Monthly bill will be mailed with notation "Do Not Pay" "Paid by Draft"

THIS IS YOUR AUTHORITY TO HONOR DRAFTS DRAWN AGAINST THE ACCOUNT OF:

NAME ON BANK ACCOUNT: _____ ACCOUNT #: _____

NAME OF BANK/FINANCIAL INSTITUTION: _____ ROUTING #: _____

SIGNATURE: _____ DATE: _____

Drafts are taken out on the 10th or the 15th of each month or the following business day if the date falls on a weekend or holiday.

Note: * Drafts refused by the financial institution due to insufficient funds will result in a \$30.00 return fee

Please initial or indicate the date you would like your account drafted each month. 10th _____ 15th _____

Office Use Only:

Date Received: _____ By: _____

Date Entered/Effective Date: _____ By: _____

Optional: If you would like to apply for Over 65 Exemption, please complete the following form.

CITY OF PANHANDLE - OVER 65 EXEMPTION

Penalty Exemption

I certify that I am 65 years of age or older, by submitting proof of age with one of the following forms of I.D.:

Drivers License: _____

Identification Card: _____

AARP Card: _____

Birth Certificate/Passport: _____

(Copy of I.D. must be attached)

Signature: _____ Date: _____

Note: Account balance must be paid each month prior to cutoff date to avoid paying the cutoff/reconnect fee.

Office Use Only:

Date Received: _____ By: _____

Approved by: _____ to discontinue adding penalty to utility account after penalty date.

ORDINANCE 606

NOW, THEREFORE, BE IT ORDAINED by the City Council of the City of Panhandle the following rate for water deposit and effective beginning April 10, 2020

Chapter 13 Section 13.105 shall be amended as follows:

The deposit for water and sewer services to be paid to the city shall be \$150.00. The city shall hold the deposit as long as the customer receives service from the city. Upon discontinuation of service, the final bill shall be deducted from the deposit or any remaining deposit, if any, or the final bill shall be mailed to the customer. Renters/Tenants who are not the property owner must show proof of lease agreement. Any outstanding balances by any applicant must be paid before water is turned on. Only the person on the lease agreement may apply for water from the City of Panhandle. A credit check may be issued for anyone seeking water service before that service can be turned on. The City Manager has the authority to waive a required deposit as special circumstances as may be needed for various reasons.

PASSED, APPROVED AND ADOPTED this 9th day of April, 2020

Mayor Doyle Robinson, City of Panhandle

ATTEST:

Veronica Willburn, City Secretary