



Office Use Only	
Account #:	_____
Sequence#	_____
Reading	_____

APPLICATION FOR WATER, SEWER AND TRASH SERVICE

Date: _____

Applicants Name: _____ Phone Number _____

Driver's License #: _____ State: _____ Social Security #: _____

Spouse's Name: _____ Phone Number _____

Service Address: _____

Mailing Address: _____ City _____ Zip _____
(If Different than service address)

Email Address _____

Start Date for Service: _____

Check one: Renting/Leasing: _____ Owner: _____

Employer: _____ Work Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

MUST HAVE COMPLETE LANDLORD INFORMATION

Landlord (If Renting/Leasing): _____

Address: _____ City _____ State _____

Phone Number: _____ Email: _____

DEPOSIT

Homeowner: \$100.00 _____
Renter \$150.00 _____
Commercial: \$200.00 _____

Signature _____

EMAIL: utilitybilling@cityofvenus.org



Customer Request for Confidentiality

The Utility Department is a city-owned and operated utility; therefore, your water/sewer bill account information is considered public record under the Texas Public Information Act. However, a state law allows residential water/sewer customers to request that personal information and any information relating to water usage, billing amounts and payment records be kept confidential. Personal information includes your address, telephone number and social security number.

The request for confidentiality must be submitted in writing using this form or by submitting a separate letter. Once the request is received and processed, the Utility Department will not release confidential information for that customer except for:

1. Government Officials
2. Consumer Reporting Agencies
3. Contractors or Sub-Contractors who need information to do their jobs.
4. Utility representative, or
5. Individuals for whom the customer, who in writing, has waived confidentiality.
(People in this category will be required to show identification before the information will be released.)

Please check the appropriate box below. If you have questions, please call (972) 366-3348, ext. 201 or ext. 203. Information will not be kept confidential until this completed and signed form is received and processed by the City of Venus Utility Department.

☐ I hereby request that all personal information and any information relating to water usage, billing amounts or payment records be kept confidential.

☐ I **do not** wish to have my personal information kept confidential at this time.

The following person(s) may have access to information on my account:

_____ NAME	_____ RELATIONSHIP	_____ PHONE #
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_____ NAME	_____ RELATIONSHIP	_____ PHONE #
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City of Venus
PO Box 380
Venus, TX 76084



WATER SERVICE AGREEMENT

- I. **PURPOSE** - The City of Venus is responsible for protecting its drinking water supply from contamination or pollution which could result from improper private water distribution system construction or configuration. The purpose of this service agreement is to notify each customer of the restrictions which are in place to provide this protection. The utility enforces these restrictions to ensure the public health and welfare. Each customer must sign this agreement before the City of Venus will begin service. In addition, when service to an existing connection has been suspended or terminated, the water system will not re-establish service unless it has a signed copy of this agreement.
- II. **RESTRICTIONS** - The following unacceptable practices are prohibited by State regulations:
- A. No direct connection between the public drinking water supply and a potential source of contamination is permitted. Potential sources of contamination shall be isolated from the public water system by an air-gap or an appropriate backflow prevention device.
 - B. No cross connection between the public drinking water supply and a private water system is permitted. These potential threats to the public drinking water supply shall be eliminated at the service connection by the installation of an air-gap or a reduced pressure backflow prevention device.
 - C. No connection which allows water to be returned to the public drinking water supply is permitted.
 - D. No pipe or pipe fitting which contains more than 8.0% lead may be used for the installation or repair of plumbing at any connection which provides water for human use.
 - E. No solder or flux which contains more than 0.2% lead can be used for the installation or repair of plumbing at any connection which provides water for human use.
- III. **SERVICE AGREEMENT** - The following are the terms of the service agreement between the City of Venus and the Customer:
- A. The City of Venus will maintain a copy of this agreement as long as the Customer and/or the premises is connected to the City's Water System.
 - B. The Customer shall allow their property to be inspected for possible cross connections and other potential contamination hazards. These inspections shall be conducted by the City of Venus or its designated agent prior to initiating new water service; when there is reason to believe that cross connections or other potential contamination hazards exist, or after any major changes to the private water distribution facilities. The inspections shall be conducted during the City of Venus normal business hours.
 - C. The City of Venus shall notify the Customer in writing of any cross connection or other potential contamination hazard which has been identified during the initial inspection or the periodic reinspection.
 - D. The Customer shall immediately remove or adequately isolate any potential cross connections or other potential contamination hazards on their premises.
 - E. The Customer shall, at their expense, properly install, test upon installation, and maintain any backflow prevention device required by the City of Venus. Copies of all testing maintenance records shall be provided to the City of Venus. After initial installation and testing of a new backflow prevention device, **Residential ONLY testing of backflow devices on irrigation systems will be provided by the City in accordance with City policies and procedures.**
- IV. **ENFORCEMENT** - If the Customer fails to comply with the terms of this Service Agreement, the City of Venus shall, at its option, terminate service and/or properly install and test an appropriate backflow prevention device at the service connection. Any expenses associated with the enforcement of this Agreement shall be billed to and borne by the Customer.

Name (please print)

Signature

Date

Address

City

State

Zip



3110 S. Great Southwest Pkwy.
Grand Prairie, Texas 75052
Members Services Office
(877) 339-2273
Fax: 972-660-8821



Caring - Heart Membership Program



PERSONS COVERED: This Agreement covers the household family members listed on the application on the reverse side provided to CareFlite, so long as they remain full-time residents (including college students) of my household. New residence family members may be added, others deleted, or the household location changed by written notice to CareFlite at the address shown above. Added members will be effective as of the date the information is received by CareFlite. Medicaid recipients may not enroll by law.

EFFECTIVE DATE: The program will be effective on 10/01/2014 and will abide by contracted terms between CareFlite and City of Venus Water.

BENEFITS: Payment of the membership fee and compliance with the terms of this program/agreement entitles the member to the following benefits:

1. Emergency helicopter air ambulance services originating within 150 miles of DFW Airport for medically necessary advanced or basic life support emergency transport services from CareFlite as a result of an emergency medical condition shall pay nothing out of pocket, unless otherwise specified herein.
2. Emergency fixed wing air ambulance services for patients needing a higher level of care originating within 500 miles of DFW Airport and within the United States shall pay nothing out of pocket. For non-medically necessary fixed wing transports, CareFlite will make its best efforts to obtain an insurance pre-authorization. For fixed wing air ambulance service that are not medically necessary and/or operated for patient or family convenience, CareFlite will give members a 50% discount from its standard rates.
3. CareFlite's ground ambulance and 911/EMS service will be available with its service areas. These benefits will follow the rules of this Air Ambulance membership program.
4. If CareFlite has any agreements for the reciprocal honoring of a membership benefit with other air/ground EMS providers, all Members of CareFlite shall be covered by such agreement. A list of any such agreements can be found at www.careflite.org.

PAYMENT FOR SERVICES: I understand that I am responsible for payment for any services provided to me by CareFlite, but that my membership will assist me by discharging that part of my financial liability that is not covered by insurance for those CareFlite services specified in this Agreement. This benefit is subject to certain limitations specified in this agreement. As a condition of receiving this benefit, I hereby assign (hand over) to CareFlite all rights and benefits that I or the other family members of my residence have under any and all medical, health, supplemental, worker's compensation, liability, auto or homeowner's insurance policies or plans, or from other third party payers or sources which provide coverage or would otherwise pay for ambulance services. Such payment sources are collectively referred to in this agreement as "insurance". I authorize the payment of all insurance benefits or payments to CareFlite. I understand that CareFlite will, whenever it deems it feasible, file claims for and directly collect the benefits payable from insurance up to the amount of CareFlite's charges for its services. When requested by CareFlite, I agree to complete any forms and take any other reasonable action that may be necessary to collect such amounts. If I or anyone on my behalf receives any insurance or other third-party payments for services provided by CareFlite, I will promptly forward those payments to CareFlite at the address shown at the top of this form.

LIMITATIONS and CONDITIONS: Membership benefits extend to CareFlite's critical care, advanced or basic life support helicopter and fixed wing air ambulance services staffed with nurses, paramedics and pilots, Specialty Care Transport (a ground transport staffed similarly to CareFlite's air ambulance services) as well as ground ambulances staffed with quality trained paramedics and EMTs. Member benefits are not applicable to services rendered by any other provider. As a condition of receiving the benefits of membership with respect to any air or ground ambulance transport, members with insurance agree to and must comply with all coverage conditions of their applicable insurance program for such transport. Some insurance programs require the insured person to obtain prior authorization of payment for non-emergency, yet medically necessary air ambulance services. (This requirement typically applies to fixed wing air ambulance and inter-facility ground ambulance only but not to helicopter or 911/EMS emergency services.) Non-insured household family members will automatically receive a 50% membership discount on CareFlite's standard charges for the services rendered. Some plans require certain documentation from the insured within a specified time limit or the plan(s) deny or reduce coverage for ambulance services. In the event the member with insurance forfeits coverage by failing to comply with these types of requirements for a transport that would otherwise be covered by insurance, the member will then forfeit membership benefit for failing to so comply and their membership can be revoked at CareFlite's discretion. Membership is available for sale only in those counties or jurisdictions shown on CareFlite's website www.careflite.org. Ground ambulance benefits are available to all members but only in CareFlite's ground ambulance service areas. The member must hold a membership that is in good standing at the time of service and the transport must originate in CareFlite's deemed service area with CareFlite as the transporting agency. CareFlite reserves the right to deny or revoke any membership for reasonable cause. If membership is revoked then all balances are due in full. CareFlite may terminate the membership program at any time upon notice to the members. If CareFlite terminates the program, members will have any unused, prorated portion of their membership fee returned. To protect member fees, CareFlite maintains a bond with an A rated insurance company. CareFlite's Membership benefits are honored by certain other medical transport programs. Visit www.careflite.org for complete details.

CareFlite is a 501(c)(3) Not For Profit Air and Ground Ambulance Service Sponsored by:



WWW.CAREFLITE.ORG MEMBERSHIP (877) DFW CARE



3110 S. Great Southwest Pkwy.
Grand Prairie, Texas 75052
(877) 339-2273 Membership
Fax: 972-660-8821



Caring - Heart Membership Application



The City of Venus Water and CareFlite have partnered together to allow all customers of the water system to become members of CareFlite for \$1 per month. This includes all permanent family members of your household at no additional cost as listed below.

First Name: _____ Middle Initial: _____ Last Name: _____

Mailing Address: _____

City: _____ Zip Code: _____ Phone # (____) _____

Date of Birth: _____ ☐ Male ☐ Female Email: _____

Do you have health insurance? ☐ Yes ☐ No If you answered Yes to this question, please list your primary health insurance company:

Other Family Members of Your Household:

First Name: _____ Middle Initial: _____ Last Name: _____

Date of Birth: _____ ☐ Male ☐ Female

First Name: _____ Middle Initial: _____ Last Name: _____

Date of Birth: _____ ☐ Male ☐ Female

First Name: _____ Middle Initial: _____ Last Name: _____

Date of Birth: _____ ☐ Male ☐ Female

First Name: _____ Middle Initial: _____ Last Name: _____

Date of Birth: _____ ☐ Male ☐ Female

First Name: _____ Middle Initial: _____ Last Name: _____

Date of Birth: _____ ☐ Male ☐ Female

(For additional household family members, please copy this page and attach to this application)

By submitting this application, I agree (on my behalf and on behalf of my family) in consideration of the benefits provided to abide by the terms of the Caring-Heart Membership Program, which are shown on the back of this application. I request payment of authorized Medicare or other insurance benefits to me, or on my behalf, to be paid to CareFlite for any emergency services and supplies furnished to me or my household family members by CareFlite. I authorize any holder of any of my medical information or that of my household family members to release that information to CMS, its agents or carriers, or CareFlite in order to determine benefits payable on my behalf or on behalf of my family members, now and in the future. This agreement and authorization is executed on my own behalf and on behalf of the other members of my household, if they are minors or otherwise unable to sign. I understand that under Texas rule 157.11 if I or a household member is a Medicaid recipient, then I am not allowed to have them on this application. Therefore, I am stating that I have not listed on this application anyone that is a Medicaid recipient. If a household family member subsequently becomes a recipient of Medicaid, I will notify CareFlite in writing of this change immediately. I warrant that all of the information on this application is true and correct. CareFlite reserves the right to request documentation to verify the accuracy of any such information. I acknowledge that membership in CareFlite's Caring-Heart Membership Program is an EMS membership in a program sponsored by CareFlite and is not a membership in CareFlite's non-profit entity as the term "membership" is contemplated under the Texas Non-Profit Corporation Act.

Signature _____

For CareFlite Office Use Only

Date Received _____ Membership # Assigned: _____



City of Venus, Texas

Opt Out form

Name: _____

Address: _____

City/State/Zip Code: _____

Utility Account # _____

The undersigned hereby notifies the City that he/she is the authorized account holder of the above account and that he/she exercises the right to opt out of the \$1 per month fee for the Caring-Heart Membership. The undersigned acknowledges that the fee will be removed at the conclusion of the next billing cycle except for those forms filed with the City on or before Oct. 1, 2014. Forms filed on or before that date will not participate in the program from its start of Oct. 1, 2014. As a result of opting out, I acknowledge that no one in my household will receive the benefits of the Caring-Heart Membership Program which protects families against out-of-pocket costs for CareFlight's aid and ground ambulance services.

Signature

Date Signed

Person Witnessing Signature Above

Date Signed

For City Use Only:

☐ \$1 CareFlight Membership fee removed from account shown above on _____
by _____.



YOU CAN NOW PAY YOUR BILL USING AUTO-DRAFT

If interested, please complete the form below and return to City Hall. You may email this form to utilitybilling@cityofvenus.org, mail to 700 W US HWY 67, Venus, TX 76084, or return with your payment.

Authorization Form for Bank Drafting Your Monthly Utility Bills:

I authorize the City of Venus to debit my bank account each month for the amount of services billed on my utility account for water/sewer/garbage/recycle. I also authorize my financial institution, below, to debit same amounts from my account.

You are responsible for contacting your financial institution prior to signing the authorization form below:

- To ensure your institution's participation and
- Determine bank fees applicable for this service.

Please check the appropriate box: ☐ Checking Account ☐ Savings Account

Bank Name: _____ Bank City: _____ State: _____

Bank Routing Number: _____ Bank Account Number: _____

Name(s) on Bank Account: _____

This authorization is to remain in full force and effect until THE CITY has received **written notification** from me (or either of us) of its termination in such time and in such manner as to afford THE CITY and DEPOSITORY a reasonable opportunity to act on it.

Customer Names(s): _____

Customer Utility Account Number (as printed on bill): _____ Phone Number: _____

Account Physical Address: _____

Mailing Address: _____
(if different from physical address)

Email Address: _____

***If you would like your monthly bill to be emailed to the email address above, check here:** _____
(If you check this box, you will NOT receive a paper bill)

When initiated, your utility bill will say "AUTO-DRAFT-DO NOT PAY." Until then please continue to pay your bill. Your bank account will be drafted on the 15th of each month or the next business day. A fee of \$25.00 for each "insufficient funds" will be assessed by the City. Please call your financial institution regarding questions about fees they may charge separately. They city will remove your account from bank draft for two "insufficient funds" withing a 12-month period. You will then be ineligible to participate in AUTO-DRAFT for the next 6 months. To remove your account from the AUTO-DRAFT, written authorization must be received at least 30 days prior to the effective bill date.

Date: _____ Signature(s): _____