REALTOR or PROPERTY MANAGER APPLICATION for RESIDENTIAL WATER, SEWER, and TRASH SERVICE

Per Chapter 70 – UTILITIES, CODE OF ORDINANCES
TOWN OF FLOWER MOUND, TEXAS

Today's date: _____ Service effective date (no weekends or holidays) : _____

Service Address: _____City _____Zip_____

Company, Realtor, Property Manager Name: _____

Tax id: _____ Or Social Security No: _____

Contact Person: _____Business number: _____

Driver's License No (a copy is required): _____State_____

Billing Email Address: _____
Please add our email address (utilities@flowermound.gov) to your email contact list.

If you would prefer to receive bills via US Mail instead initial here: _____

Billing address (if different): _____City _____ Zip_____

Special instructions: _____

House Bill 872 prohibits a government-operated utility from disclosing a customer's personal information (defined as an individual's address, telephone number, social security number) as well as information relating to the volume or units of utility usage, or the amounts billed to or collected from the customer unless the customer requests that the information be disclosed. Therefore, please indicate below if you want this information disclosed to the public.

DO YOU WANT YOUR RECORDS RELEASED? YES _____ NO _____

I understand that if a payment is made after the due date, there is a 10% penalty added to the account. I understand that if service is disconnected for any reason, an additional deposit will be required equal to one-sixth of the last twelve months billings. I understand that the $15.00 SERVICE CHARGE will be on my 1st bill. I understand I will be billed for a deposit of $60.00 on my first bill.

REQUIRED SIGNATURE: _____

* INCLUDE A COPY OF THE GOVERNMENT ISSUED IDENTIFICATION*

(For Office Use Only)

ACCOUNT # _____
Date processed _____
Indemnity Waiver Rec'd _____
LOC Rec'd _____

W/O # _____
To be billed Deposit: _____
To be billed-Service fee: _____
Completed by: _____

2121 Cross Timbers Rd * Flower Mound, Texas 75028 * Office 972/874-6010 * Fax 972-874-6491 * TDD 1-800-RELAY-TX

Email: utilitybilling@flowermound.gov

Indemnity Waiver

I _____ do hereby waive my right to be present during the time in which the Town of Flower Mound shall commence water meter connections for the address commonly known as

_____.
(Service address)

I hereby indemnify and hold harmless the Town of Flower Mound, its agents, and employees from and against any and all claims, damages, losses and/or expenses, including, but not limited to, attorney fees arising out of or resulting from any negligent performance of water connections services on the property referenced herein.

Signed this _____ day of _____, 20 ____.

_____
(SIGNATURE)

Please return the completed application, signed waiver,

and a copy of a valid U.S. government issued picture ID,

to our office

by email: utilitybilling@flowermound.gov or if time permits by mail to:

Attn: Utility Billing

Town of Flower Mound

2121 Cross Timbers Road

Flower Mound, TX 75028

Be aware that the waiver is so that the Town of Flower Mound employees can turn the service on without anyone being present. It is in your best interest to ensure that all faucets, both inside and out, have been shut off completely. Otherwise, the Town of Flower Mound employees will have to disconnect the service due to water running and a delay in connection will be unavoidable.

Unless all the necessary information is received the application cannot be processed