



Application and Agreement for
Residential Water, Sewer and/or Garbage Services
(Solicitud y acuerdo para servicios residenciales de agua,
alcantarillado y/o recolección de basura)

Office Use Only (Solo para uso de la oficina)

New Account Number: _____

Service Category: ☐ Water, Sewer, Garbage
☐ Garbage Only

Requested Service Start Date: _____
(Fecha de inicio solicitada)

Primary Account Holder: _____
(Titular principal de la cuenta)

Secondary Account Holder (if applicable): _____
(Titular secundario de la cuenta)

Service Address: _____
(Dirección de servicio)

Mailing Address (if different from above): _____
(Dirección de envío)

Primary Cell: _____ Secondary Cell: _____
(Célula primaria) (Celda secundaria)

Email: _____
(correo electrónico)

Bill Delivery Preference (Check Only One): ☐ Mail & Email ☐ Mail Only ☐ Email Only
(Preferencia de entrega de facturas - marque solo una opción) (Correo postal y correo electrónico) (Solo por correo) (Solo por correo electrónico)

*Emailed bills are sent from noreply@liveoaktx.net and may be delivered to the spam folder. *
(Las facturas enviadas por correo electrónico provienen de noreply@liveoaktx.net y podrían llegar a la carpeta de spam.)

DL# (Primary Account Holder): _____ State: _____ DOB: _____
(Titular principal de la cuenta) (Estado) (fecha de nacimiento)

DL# (Secondary Account Holder): _____ State: _____ DOB: _____
(Titular secundario de la cuenta) (Estado) (fecha de nacimiento)

Proof of Residency is required. (Se requiere comprobante de residencia.)

Please provide a copy of Lease Agreement, Management Agreement or first page of Closing Disclosure.
(Por favor, proporcione una copia del contrato de arrendamiento, del contrato de administración o de la primera página de la declaración de cierre.)

Authorized Contact (Contacto autorizado)

I authorize the person named below to contact the Utility Billing Office on my behalf to obtain account balances and make payments only. (Autorizo a la persona nombrada a continuación a contactar a la Oficina de Facturación de Servicios Públicos en mi nombre, únicamente para obtener saldos de cuenta y realizar pagos.)

Authorized Contact Name: _____ Phone: _____
(Nombre del contacto autorizado) (Teléfono)

Emergency Contact (Contacto de emergencia):

Name : _____ Phone: _____
(Nombre) (Teléfono)

Address: _____
(Dirección)

Primary & Secondary Account Holder(s) – read and initial each item:

Water, Sewer & Garbage Customers Only:

I (We) hereby agree to the following conditions:

1. ☐☐ The deposit of \$100.00 will be credited to my final bill and any remaining credit will be mailed in the form of a check to the forwarding address provided on the Termination of Service form. The \$15.00 application fee is not refundable.
2. ☐☐ Turn-on hours for new water accounts are 8:00 AM – 2:30 PM, Monday through Friday, excluding holidays. It is the responsibility of the customer to ensure there are no faucets/spigots in the "ON" position or any open water lines or leaks when the service is turned on. The City of Live Oak is not responsible for any damage incurred due to open fixtures, water lines or leaks at the residence.
3. ☐☐ If water has been disconnected for non-payment, do not turn the water on yourself or you will incur a tampering fee. The City of Live Oak charges \$75 for the first incident and \$150 for the 2nd and any subsequent incidences.

Garbage Customers Only:

4. ☐☐ A \$15.00 non-refundable application fee is due on account opening.
5. ☐☐ Garbage & Recycle cart delivery will occur **7 to 10 days** after account is opened, excluding holidays.

All Customers:

6. ☐☐ A "Termination of Service" form must be submitted with a forwarding address when vacating the premises permanently.
7. ☐☐ If I do not receive a bill, it is my responsibility to contact the Utility Billing office to determine the amount of my bill. Bills not paid by the due date will incur a 10% penalty.
8. ☐☐ If service is disconnected for non-payment, a \$30.00 fee will be added to the account. A full payment must be collected before service can be restored. Services are restored Monday through Friday 8 am – 4 pm, excluding holidays.
9. ☐☐ Bills may be paid in person at City Hall, on the website at www.liveoaktx.net, by bank draft, by placing a check or money order in the drop box located in front of City Hall, or by mailing to the utility office.
10. ☐☐ Returned checks or drafts will incur a \$25.00 charge.
11. ☐☐ A \$72.00 replacement fee will be added to the account for each lost or stolen garbage or recycling cart.

By signing below, I (We) hereby acknowledge I (We) have read and agree to the terms in this document. In consideration for receiving water, sewer and/or trash services from the City of Live Oak, Texas, at the service address on this application, I (We) hereby acknowledge responsibility for payment of service billings. Payment by the indicated due date is required to prevent interruption of service. I (We) will be responsible for these services until the account is closed and paid in full.

PRIMARY ACCOUNT HOLDER SIGNATURE: _____

SECONDARY ACCOUNT HOLDER SIGNATURE: _____

DATE SIGNED: _____