

Office Use Only: Account Number \_\_\_\_\_ Work Order Number \_\_\_\_\_



**COPY OF DRIVERS LICENSE REQUIRED**

State \_\_\_\_\_  
I.D. Number \_\_\_\_\_  
Exp. \_\_\_\_\_ Date of Birth \_\_\_\_\_

### UTILITY SERVICES RESIDENTIAL CREDIT APPLICATION

The City of Sachse requires a deposit for new service according to the Master Fee Schedule  
Residents 62+ years of age are not required to pay the deposit

Full Name \_\_\_\_\_ S.S.# \_\_\_\_\_ Employer \_\_\_\_\_  
Last First Initial

Spouse's Name \_\_\_\_\_ DL# \_\_\_\_\_ DOB \_\_\_\_\_

Address of Premises to be Served \_\_\_\_\_ Sachse, TX 75048

Mailing Address (if different) \_\_\_\_\_

Phone# \_\_\_\_\_ Work# \_\_\_\_\_ Cell# \_\_\_\_\_

Owner or Landlord Name \_\_\_\_\_ Owner Occp \_\_\_\_\_ Rental/Lease \_\_\_\_\_

Is the property a Duplex or 4-plex: Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, did it pass inspection? Yes \_\_\_\_\_ No \_\_\_\_\_

Email Address: \_\_\_\_\_ Enroll in E-Billing\*: Yes No

\*This paperless billing notification will be delivered to email address

you ever had service with us? Yes \_\_\_\_\_ No \_\_\_\_\_ Number of Trash Carts located at home: Have Blue \_\_\_\_\_ Gre Grey \_\_\_\_\_

If YES please give previous address: \_\_\_\_\_

\*\*Requested Connection Date (At least One Business Day from Application Date) \_\_\_\_\_

#### Relative/Reference NOT Living With the Applicant: (Must Live at Different Households)

Nearest Relative \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**House Bill 859 (Open Records Act) gives you the right to request that your personal information not be made available to the public. Please initial the appropriate line beside your choice concerning personal information release.**

\_\_\_\_\_ I agree that only my name and address be provided to local and area businesses.

\_\_\_\_\_ I request that all of my personal information be kept confidential.

\*If rental is a duplex or 4-plex, a city inspection is required before utilities can be connected. Please contact the Fire Marshall's Office at 469.429.4791 for an inspection.

If account incurs no late fees during the first year of service, the deposit will be credited back to the account. You may fax letters of credit to 972.495.9356, attention Utility Services.

You are responsible for safeguarding the waste service provider's trash and recycle receptacles. When you move, please assure the receptacles are turned over to the next occupant or owner.

**TERMINATION OF SERVICE** - The applicant agrees to be responsible for the payment of utility charges incurred at these premises until their responsibility is terminated by providing a two day written notice from the customer to have services disconnected or upon completion of an application for service by another party

Signature: \_\_\_\_\_ Date: \_\_\_\_\_