



**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

Deposit Waiver Option: Residents 62+ years of age or 24 months good standing letter of credit from current utility company

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:  
Blue \_\_\_\_\_ 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 872.052 Disclosure of Personal Information.** Information in your City of Sachse Utility customer account record, including information regarding customer usage, services, and billing, including amounts billed or collected for utility usage, is excepted from disclosure under Texas Government Code, Chapter 552.1331. The Request for Disclosure form allows a customer, or a representative of the customer, to receive information excepted from disclosure if the information directly relates to utility service provided to the customer and is not confidential by law. A Request for Disclosure form is available by request or website submission.

\*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.

**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. Applicant is responsible for safeguarding all waste service provider's trash and recycle receptacles assigned to the property. Receptacles remain for the next owner or occupant.

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