

CITY OF RICHMOND

UTILITY SERVICES

402 Morton Street
Richmond, TX 77469
(281) 342-5456
(281) 232-8626 Fax



APPLICATION FOR UTILITY SERVICE

Service Start Date: _____

Name of Applicant(s): _____

Name of Person(s) who may make inquiries/payments on my utility account: _____

Service Address: _____

Request Waste Receptacle (Poly Cart): Yes _____ No _____ Recycling Bin: Yes _____ No _____

**** Garbage service is not provided by the City of Richmond for Veranda or River Park West ****

Previous Address: _____

(Provide address, if you previously had service with the City of Richmond)

APPLICANT'S INFORMATION

Mailing Address: _____

(If different from service address) (Include street, city, state, zip)

Primary Telephone Number _____ - _____ - _____ Work Telephone Number _____ - _____ - _____

Driver's License Number _____ State: _____

E-Mail address (Please print clearly): _____

House Bill 859 (Open Records Act) gives you the right to request that your personal information, (address, telephone number and social security number) not be made available to the public. You may exercise this right by indicating below.

I request that my personal information be kept confidential: Yes _____ No _____

I understand that the City will begin water service by making a physical connection located at the meter outside the building or buildings to be served. I understand that the City will not have access to any building served and will not determine if there is any open faucets or water system leaks inside the building. If there are any open faucets or water system leaks that cause damage to the property, I agree not to hold the City responsible for any damages arising there from.

Pursuant to the FTC Red Flag Policy, Implementing Section 114 Fair and Accurate transactions Act of 2003. The following documents must be submitted to our office: Copy of Driver's License _____ and a copy of first and last page of the HUD Closing Settlement or signed Lease Agreement

I, the undersigned, fully understand that I am liable for any water, sewer and refuse charges incurred at the service address referenced above. I also understand that if the bill is not paid by the due date, a 10% administrative fee will be charged.

Applicant's Signature

Date of Application

OFFICE USE ONLY

Entered Date: _____

NEW ACCOUNT#: _____

Processed by: _____

DEPOSIT VERIFICATION: _____

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AUTOMATIC BANK DRAFT AUTHORIZATION

Account Information

Name _____

Address _____

Account No. _____

E-Mail _____

Home Phone _____

Driver's License _____

Work Phone _____

Bank Information

Checking _____ Savings _____ (Check one)

Bank Name _____

Account No. _____

Bank Address _____

Routing No. _____

_____ Bank Phone# _____

I authorize The City of Richmond to debit the account indicated above to pay my monthly utility bill. I understand that my bank account will be debited for the total amount due on the due date. (Should the due date fall on a weekend or holiday, your draft will be on the business date prior). If the city of Richmond erroneously debits funds from the above account, I authorize the City of Richmond to initiate the necessary credit entries not to exceed the total amount for the entry in question.

This authorization will remain in effect until written authorization has been received by the City of Richmond to terminate automatic debit. Authorization must be received at least five (5) business days before the account is charged.

Any balance due on the account at the time the authorization is submitted must be paid in full before starting the automatic bank draft.

There will be a \$30.00 return direct draft fee for all returned drafts for insufficient funds.

Customer Signature _____

Date _____

A VOIDED CHECK IS REQUIRED WITH AUTHORIZATION

Office Use Only

Processed by: _____

Entered Date: _____