



**CITY OF ABILENE**  
**WATER UTILITY OFFICE**  
**4595 S 1ST ST**  
**P O BOX 3479**  
**ABILENE, TX 79604**

FOR OFFICE USE ONLY:

CSR: \_\_\_\_\_  
 Date Scanned: \_\_\_/\_\_\_/\_\_\_  
 Acct # Scanned to:  
 \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

**WATER / SEWER / REFUSE APPLICATION**

\_\_\_\_ Residential    \_\_\_\_ Business    \_\_\_\_ Other

APPLICANT (PICTURE ID REQUIRED)	SPOUSE or ROOMMATE (if applicable)
NAME: _____	NAME: _____
HOME #: _____	HOME #: _____
CELL #: _____	CELL #: _____
WORK #: _____	WORK #: _____
EMPLOYER: _____	EMPLOYER: _____
E-MAIL: _____	E-MAIL: _____
LICENSE/ID: _____ STATE: _____	LICENSE/ID: _____ STATE: _____
DATE OF BIRTH: _____ - _____ - _____	DATE OF BIRTH: _____ - _____ - _____

If the new service is non-residential, entity name? \_\_\_\_\_ Tax ID #? \_\_\_\_\_

A NEW SERVICE FEE WILL BE ADDED TO YOUR FIRST BILL.

BEGIN SERVICE ON: \_\_\_/\_\_\_/\_\_\_  
 (Monday – Friday Only)

Service Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Previous Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

If serviced by the City of Abilene, would you like to disconnect your previous address? \_\_\_\_Y \_\_\_\_N

If yes, when? \_\_\_/\_\_\_/\_\_\_  
 (Monday – Friday Only)

**Parks Bucks** are donations specially designated for parks and recreation improvements. Add the \$1 donation added to your water bill? \_\_\_\_Y \_\_\_\_N

*With my signature below, I accept responsibility for payment of utility bills, and agree to abide by all rules and regulations governing services, which are established by the City Council of Abilene. Failure to comply may result in termination of services.*

*And, I authorize the City of Abilene to contact me via current and future cellular phone number(s), email address, or wireless device regarding my delinquent account(s) owed to the City of Abilene. I authorize its agents, representatives, and attorneys (including collection agencies) to use automated telephone dialing equipment, artificial or pre-recorded voice or text messages and personal calls and emails, in their effort to contact me for purposes of collecting any portion of my account with is past due.*

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**WATER / SEWER / REFUSE APPLICATION**

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**NOTARY**

*(FOR OUT OF STATE LANDLORDS ONLY)*

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_, to

wit: I, \_\_\_\_\_, a notary Public in and for the State and

County aforesaid, to certify that \_\_\_\_\_, whose name is

signed to the previous page, bearing date on the \_\_\_\_\_ day of 20\_\_\_\_, have this day

acknowledged the same before me in my said County.

My commission expires: \_\_\_\_\_ Notary Public



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DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

TIME: \_\_\_\_\_

CALLED TO: \_\_\_\_\_

CSR: \_\_\_\_\_

## WAIVER OF LIABILITY

**CUSTOMER'S NAME:** \_\_\_\_\_

**ACCOUNT NUMBER:** \_\_\_\_\_

**SERVICE ADDRESS:** \_\_\_\_\_

**PURPOSE:** \_\_\_\_\_

**METER #/LOCATION:** \_\_\_\_\_

**EXPLANATION:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Problems may occur when water is furnished at the beginning or after a disruption of service. The City of Abilene has a policy against turning on water service when no one with control of the property is present. For instance, a pipe inside a residence/building may be broken and start to leak when the water is turned on. City utility workers outside the residence/building cannot know this, and damage may result.

Understanding the policy stated above, I, as the lessee or owner of the property, request that water be turned on at the above address even though no one will be on the premises. In return for the City's special consideration in granting an exception to its policy stated above, I agree to hold the City of Abilene harmless and waive any claims against the City or its employees for damages which may occur when water service is furnished due to leaks, faulty plumbing, open taps and the like in said building. I take full responsibility for any damage which may result when the water service is furnished.

\_\_\_\_\_  
Customer's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name





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# NOTICE

## **Request for Confidentiality of Personal Information Maintained by the City of Abilene Water Utilities Department**

Personal information in your City of Abilene Water Utilities Department customer account records (e.g., your address and telephone number) is generally considered public information under the Texas Government Code, Chapter 552 (Public Information Act). The social security number of a living person is confidential and may not be released in most cases.

The Texas Utilities Code, Chapter 182 (Rights of Utilities Customers), provides that a government-operated utility may not disclose personal information if the customer requests that the government-operated utility keep the personal information confidential.

\*A request for confidentiality under Chapter 182 does not prohibit a government-operated utility from disclosing personal information in a customer's account record to: (1) an official or employee of the state, political subdivision of the state, or the United States acting in a official capacity; (2) an employee of a utility acting in connection with the employee's duties; (3) a consumer reporting agency; (4) a contractor or subcontractor approved by and providing services to the utility, the state, a political subdivision of the state, or the United States; (5) a person for whom the customer has contractually waived confidentiality for personal information; or (6) another entity that provides water, wastewater, sewer, gas, garbage, electricity, or drainage service for compensation. A customer may rescind a request for confidentiality by providing the government-operated utility written permission to disclose personal information. A government-operated utility or an officer or employee of a government-operated utility is immune from civil liability for a violation of Texas Utilities Code, Subchapter B.

This form enables you to request confidentiality of your personal information under Texas Utilities Code, Chapter 182. If you wish to request confidentiality of your personal information, please check the box below and return this form to the City of Abilene Water Utility Office:

City of Abilene Water Utility Office  
Confidentiality Notice  
P O Box 3479  
Abilene, Texas 79604

I request that my personal information maintained by the City of Abilene Water Utilities Department be kept confidential under Texas Utilities Code, Chapter 182.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Water Utility Account Number \_\_\_\_\_





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4595 S 1ST ST  
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**WATER UTILITIES**

## **BANK DRAFT AUTHORIZATION**

Bank drafts draw electronic payment on your bank account each month for your monthly utility bill. You will still receive a bill by mail or email as requested.

**Please print this form and return it to to the Water Utility Office in person or by mail. If you would like to send electronically, please complete the online form on our website: [abilenetx.gov/waterbilling](http://abilenetx.gov/waterbilling)**

If you have any questions concerning drafts, please call our office at (325) 676-6405.

- \* Please allow 4-6 weeks for the bank draft to take effect
- \* Continue to pay your bill as usual until the bill indicates "Paid by Draft"
- \* The draft(s) will be drawn on the due date(s) indicated on your bill(s)
- \* The City of Abilene reserves the right to immediately discontinue this service to my utility account(s) should an issue arise from its use
- \* I may discontinue the use of this service at any time, allowing ten (10) business days from receipt of my request for it to take effect

**Customer's Name:** \_\_\_\_\_

**Name of Bank:** \_\_\_\_\_ **City/State:** \_\_\_\_\_

**Bank Routing #:** \_\_\_\_\_ **Bank Acct #:** \_\_\_\_\_

**Type of Account:**      Checking Account      Savings Account

\*\*\*If you have more than one utility account, please list each account separately\*\*\*

**Water Acct #:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Water Acct #:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Water Acct #:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Water Acct #:** \_\_\_\_\_ **Address:** \_\_\_\_\_

***With my signature below, I authorize the City of Abilene Water Utility Office to draft the bank account listed above for the utility services on the accounts designated on this form until otherwise revoked.***

Signed: \_\_\_\_\_ Date: \_\_\_\_\_







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## **E-MAIL BILLING AGREEMENT**

I acknowledge that:

- My Regular Water Billing Notices and Late/Disconnect Notices will be sent via email. It will be my responsibility to contact the Water Utility Office if I have not received my monthly water bill.
- The City of Abilene Water Utility Office will discontinue sending a paper bill to my billing address.
- I will not receive inserts that are periodically included in water bills, but information on how to obtain them will be available by contacting the Water Utility Office.
- It is my responsibility to ensure that the email address on record at the Water Utility Office is current.
- I may discontinue the use of this service at any time in writing, allowing ten (10) business days from receipt for my request to take effect.
- Because of the nature of email, there is no expectation of privacy. And should any information contained within my emailed utility bill be intercepted and/or viewed by an unauthorized party the City of Abilene is released from any liability.
- The City of Abilene will not provide my email address or personal information to any outside entity except as required by law.
- The City of Abilene reserves the right to discontinue this service to my water account(s) should an issue arise from its use. Should this occur, the Water Utility Office will resume mailing paper bills to the billing address listed on my account.
- I would like the following email address used on my City of Abilene water account(s):

Email Address: \_\_\_\_\_  
(ONE EMAIL ADDRESS PER AGREEMENT)

Water Account #

Address

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**With my signature below, I understand and accept the terms and conditions of this electronic billing agreement as listed above.**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
DATE