

City of Howe

Utility Billing
116 E Haning Street
Howe TX 75459
(903) 532-5571
(903) 532-6320 fax

Email: broberts@cityofhowe.org

For Office Use

Utility deposit is due at time
of application

Credit card ()
Cash ()
check ()

Received by _____

**RESIDENTIAL UTILITY APPLICATION
WATER/SEWER/TRASH**

Today's date _____

Name on account _____

DL #: _____ ST issued _____ DOB: _____

Co-applicant Name: _____

DL#: _____ ST issued _____ DOB: _____

Service Address: _____

Mailing Address: _____

Home Phone #: _____ other#: _____

Place of Employment: _____ work phone#: _____

SIGNATURE: _____

Nearest Relatives (not living with you)

Name & Phone #: _____

Date service needed: _____ Own Rent

Property Owner Name & Phone #: _____

Property Owner Address: _____

After termination of service, delinquent accounts are reported to a collection agency.

OFFICE USE:

Account: _____ Meter#: _____ Meter Reading: _____ Route #: _____ Sequence#: _____

Water Trash Sewer

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City of Howe Service Agreement

Please initial each item below

The Utility application for water/sewer/trash is incorporated by reference

___ I understand the utility deposit must be paid at the time of application or service will not be established and also understand my deposit cannot be paid out or added to a bill.

___ I understand if the water is not on at the time of purchase or rental, the water will not be left on if it appears there is a leak or faucets/outlets left on. If no one is available, the City of Howe Utility Department will return when notified someone is available at the location.

___ I have received a copy of the minimum billing charges and the billing procedure has been explained to me. I understand that depending on the date I request service, my first bill may not reflect my average monthly usage and may include additional days of water usage or few days of usage.

___ I understand that if I vacate the property and leave an unpaid balance on my account, the City of Howe will apply my utility deposit to the account. If there is a credit after the deposit is applied, a refund check will be issued within 30 days. In order to insure I receive the refund if applicable, I must provide a forwarding address. If there is a balance after the deposit is applied and I fail to pay the balance owed, the debt may be turned over to a collection agency.

___ I understand that my payments are due by the 10th, and that a 10% late charge will be applied the first business day after the 10th.

___ I understand the City of Howe allows 4 extensions per calendar year and must be requested in writing prior to the disconnect date, which is the 1st business day after the 20th.

___ I understand the late notices are mailed around the 12th of each month and disconnections for non-payment are done on the 1st business day after the 20th, beginning at 1:00 p.m. If my service is disconnected, or if the utility worker is present on my property to disconnect service, I will be charged an additional \$50.00 reconnect fee. If service is restored after hours, a \$75.00 fee will be applicable.

PLEASE BE ADVISED: If you have purchased a home with an automatic irrigation system, these setting have been set by a builder or previous owner. Please check the settings and adjust to your own watering preference, as you are responsible for all water usage accrued after you take possession of the property.

Notice of Right to Request Confidentiality

(This notice is being provided to you to inform you of your right as a Utility Customer of the City of Howe. Please be advised that the confidential information described below is subject to release under Chapter 552, Texas Government Code, as amended ("Public Information Act") unless you elect the first option.)

Options:

- Yes, I hereby request, pursuant to §182.051, et seq., Texas Utilities Code, as Amended, that my personal information and any information relating to utility Usage, amounts billed to or collected from me for utility usage ("confidential Information") maintained by the City of Howe Utility Billing Department **REMAIN CONFIDENTIAL**
- No, my Confidential Information may be released for any and all purposes.
- On this ____ day of _____, _____, I hereby rescind my previous request that the City of Howe maintain my information as Confidential Information and that it may be released for any and all purposes.

Customer signature

Date