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RESIDENTIAL APPLICATION

RESIDENTIAL APPLICATION FEE: \$50.00(non-refundable)

****COPY OF DRIVERS LICENSES FOR ALL APPLICANTS IS REQUIRED *****

Application Date: _____ Start Date: _____

Service Address: _____

Mailing Address: _____ Own: Rent:

*****RENTERS MUST PROVIDE A COPY OF THEIR RENTAL AGREEMENT*****

For Paperless Billing Check Here _____ (provide email): _____

****If you chose paperless billing you will not be receiving a billing statement via USPS****

Have you had service in Selma before? YES | NO

If yes, address: _____

Primary account holder info:

NAME: _____ **CONTACT #:** _____

Driver's License #: _____ State: _____ Email: _____

Birth Date: _____ SSN: _____

Employer: _____ Employer Ph #: _____

Joint account holder info:

NAME: _____ **CONTACT #:** _____

Driver's License #: _____ State: _____ Email: _____

Birth Date: _____ SSN: _____

Employer: _____ Employer Ph #: _____

AGREEMENT:

I hereby agree to the following conditions: (please initial)

___ Turn-on hours are from 8:00A.m. until 4:00PM. A resident is not required to be represent at the home however, the city is not responsible for any damage incurred due to fixtures being left on in or out of the residence.

___ I agree to pay the bill for such services, once per month at the ordinance rate and by the 15th of each month. Bills not paid by the 15th will incur a 10% late charge. Bills not paid by the 25th of the month are subject for disconnect and are immediately charged a \$30 fee regardless if the services are interrupted or not.

___ I further agree to order the water turned off when user is moving or permanently leaving premises and leave a forwarding address for final bill.

___ I understand that if I do not receive a bill by mail, it is my responsibility to call or come to the Utility Billing department and determine the amount of my bill.

___ I hereby covenant to protect and save harmless the City of Selma for all claims for damages occasioned by the bursting of any pipes used for the supplying of water under this application.

___ If I default in any of the above agreement, I authorize the City of Selma to disconnect the water or any other service being furnished to me at my expense and charge according to the City of Selma regulations and ordinances which are in existence, or which may be hereafter passed by the City of Selma.

___ (OPTIONAL) I hereby request the account records at the Selma Utility Billing Office be kept confidential, as permitted by the Texas Open Records Act, defined by House Bill 859 (effective 9-1-93).

CUSTOMER SIGNATURE: _____ **DATE:** _____