



# RESIDENTIAL APPLICATION



Date you would like service to begin: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Co-applicant's Last \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Address where service is desired: \_\_\_\_\_  
Mont Belvieu, TX 77580

Address where bills are to be mailed:  
(if same, note as "same") \_\_\_\_\_  
\_\_\_\_\_

Driver's License No.: \_\_\_\_\_ State: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Have you ever had Water/Sewer with the City of Mont Belvieu before? Yes No

**Service(s) Requested:**  Water, Sewer, and Solid Waste  Water and Solid Waste (Kings Point Only)

Water (Irrigation Meters Only)  MB Link

**Service Deposit:** Owner Deposit: \$100.00  Rental Unit/Property Deposit: \$150.00

MB Link Deposit: \$75.00  MB Link Installation Fee: \$75.00

**Notifications:** Phone Call Text Message

**Additional Trash Cart (\$3.00 Per Month):** Yes No

**Bill Delivery:** Paperless by Email Hard Copy by Mail

### Certification and Service Contract:

I hereby declare and affirm to the best of my knowledge and belief, all statements and answers as stated herein are full, complete, and true. I, the undersigned, fully understand that I am responsible to pay for utility service or other charges which may become due to the City of Mont Belvieu at this address. The City of Mont Belvieu is hereby requested to furnish water and/or sewer and/or solid waste disposal service(s) and/or MB Link to the indicated address and the undersigned agrees to pay for the service at the rate established by the City Council of the City of Mont Belvieu. Service(s) shall continue and the undersigned shall be responsible for all charges until the undersigned gives notice in writing to discontinue service(s).

By signing this application, I give permission to the City of Mont Belvieu to utilize all information in any effort to attempt communication; this includes automatic telephone dialing systems. I am also agreeing to pay for city provided utilities and applicable fees at this location. Not receiving a bill does not waive payment or penalties. Unpaid balances are subject to disruption of services.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Co-applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

For Office Use Only	
Account No.:	Meter #:
PON Group:	Read:



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11607 Eagle Drive · Post Office Box 1048 · Mont Belvieu 77580 · (281) 576-2213 · 385-2266 · Fax (281) 385-2194

## **Bank Draft Authorization Form**

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

I authorize the City of Mont Belvieu to debit my account, noted below, each month for the amount of my utility bill. I also authorize the financial institution, identified below, to debit my account for the same amount.

### **Please Print:**

Customer's Name (As it appears on the account):

\_\_\_\_\_

Name of Financial Institution: \_\_\_\_\_

Routing Number: \_\_\_\_\_

### **Choose Only One:**

\_\_\_\_\_

Checking Account Number

\_\_\_\_\_

Saving Account Number

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

Phone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Signature Authorization: \_\_\_\_\_