



City of Liberty Hill

UTILITY BILLING

City of Liberty Hill
926 Loop 332 --- P.O. Box 1920
Liberty Hill, Texas 78642

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STONEWALL RANCH WASTEWATER SERVICE APPLICATION

Applicant Name:	Co-Applicant Name:
Service Address:	Mailing Address:
Drivers' License No. / Tax ID:	State:
Date of Birth:	Home Phone:
Cell Phone:	Email Address:
Date Service to be Activated:	(Service connects only Monday-Friday 8 AM to 5 PM)

CONFIDENTIALITY:

I want personal information on my utility account (address, telephone number and driver's license number/social security number) to be confidential, unless specifically exempted by state statute.

I **do not** want personal information on my utility account to be confidential, thus causing this information to be subject to open records provisions.

WAIVER OF LATE PENALTIES:

I am disabled as verified by the attached Award Letter from the Social Security Administration.

I am over 60 years of age and request a waiver of late penalties over Texas House Bill #670 also called the "Elderly Act".

Fees and Deposits:

- **\$40.00 Service Initiation Fee** with all applications – may be paid with the application or added on the first bill.
- **Meter/ Service Tampering:** Fines and Fees are assessed by the City of Liberty Hill Municipal Code for anyone damaging, destroying, connecting, permitting the flow of unmetered water and tampering in any way with City equipment.

Deposit Requirements:

- Residential customers: **\$100.00 deposit**

General Information:

- **The City shall have the right of access to the Customer's premises to set, read, remove, replace, or repair meters.**
- **Service initiation requests received for Saturday, Sunday, or holidays will be initiated on the preceding business day.**

I certify that I am eighteen years of age or older, that the above information is accurate, and that I will be responsible for payment of the entire bill upon termination of service. Additionally, if the City determines that I owe past due balances to the City, I will be responsible for payment of those balances and any associated fees before this application will be processed.

Signature:	Date:
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For Office Use Only: Customer Account No.: _____