



**CITY OF HILLSBORO
RESIDENTIAL UTILITIES APPLICATION**

Last Name

First Name

MI

Service Address

Mailing Address (If Different)

City, State

City, State

Zip Code

Home Phone #

Work Phone #

Date To Start Service

Own? _____ Rent? _____
(Please Check One)

Is This A New Account? _____ (Yes or No)

If No, Previous Address _____

Do You Want To Pay Your Account By Bank Draft? _____ (Yes or No)
(Requires Bank Information and Void Check)

Check Here If 60 Years of Age Or Older _____ (To Qualify For Penalty Exemption)

Do You Want Spouse/Co-Applicant To Have Authority To Make Decisions About Your
Account? If So, Complete The Following:

Spouse/Co-Applicant Name

Spouse/Co-Applicant Phone #

Spouse/Co-Applicant Address

City, State

Zip Code

Please Provide Copy of Current Driver's License or Texas ID

I understand that I am responsible for this account, that service charges may be imposed for any returned checks or bank drafts and all bills must be paid on or before the due date or be subject to late charges and or disconnect and will be subject to inspection for cross-connections and/or potential contamination hazards by a designated public water official.

Applicant's Signature

Date

See Privacy Information on Reverse Side of Form

OFFICE USE ONLY-ACCOUNT# _____ DEPOSIT AMOUNT _____

PRIVACY INFORMATION

State law allows publicly owned utilities to give customers the option to keep information such as address, telephone number and other personal information confidential.

However, cities still must provide information to certain persons;

1. An official or employee of the state or a political subdivision of the state, or the federal government acting in an official capacity.
2. An employee of a utility acting in connection with their duties.
3. A consumer reporting agency.
4. A contractor or subcontractor approved by and providing services to the utility or to the state, a political subdivision of the state, the federal government or an agency of the state or federal government.
5. A person for who the customer has contractually waived confidentiality for personal information.
6. Another entity that provides water, wastewater, sewer, gas, garbage or drainage service for compensation.

REQUEST FOR CONFIDENTIALITY OF PERSONAL INFORMATION

I request any personal information held by the Utility Department which is necessary for my utility account be held confidential and not released unless requested under the exceptions noted above.

Applicant Name

Account Number

Address

City, State, Zip Code

Signature

**CITY OF HILLSBORO
214 E. ELM
P. O. BOX 568
HILLSBORO, TX 76645**

SERVICE AGREEMENT

- I. PURPOSE.** The City of Hillsboro is responsible for protecting the drinking water supply from contamination or pollution which could result from improper private water distribution system construction or configuration. The purpose of this Service Agreement is to notify each customer of the restrictions which are in place to provide this protection. The City of Hillsboro enforces these restrictions to ensure the public health and welfare. Each customer must sign this Agreement before the City of Hillsboro will begin service. In addition, when service to an existing connection has been suspended or terminated, the City of Hillsboro will not re-establish service unless it has a signed copy of this Agreement.
- II. RESTRICTIONS.** The following unacceptable practices are prohibited by State regulations.
- A. No direct connection between the public drinking water supply and a potential source of contamination is permitted. Potential sources of contamination shall be isolated from the public water system by an air-gap or an appropriate backflow prevention device.
 - B. No cross-connection between the public drinking water supply and a private water system is permitted. These potential threats to the public drinking water supply shall be eliminated at the service connection by the installation of an air-gap or a reduced pressure-zone backflow prevention device.
 - C. No connection which allows water to be returned to the public drinking water supply is permitted.
 - D. No pipe or pipe fitting which contains more than 8.0% lead may be used for the installation or repair of plumbing at any connection which provides water for human use.
 - E. No solder or flux which contains more than 0.2% lead can be used for the installation or repair of plumbing at any connection which provides water for human use.
- III. SERVICE AGREEMENT.** The following are the terms of the Service Agreement between the City of Hillsboro and _____ (the customer).
- A. The City of Hillsboro will maintain a copy of this Agreement as long as the customer and/or the premises are connected to the water system.
 - B. The customer shall allow his property to be inspected for possible cross-connections and other potential contamination hazards. The inspections shall be conducted by the City of Hillsboro or its designated agent prior to initiating new water service; when there is reason to believe that cross-connections or other potential contamination hazards exist; or after any major changes to the private water distribution facilities. The inspections shall be conducted during the City of Hillsboro's normal business hours.
 - C. The City of Hillsboro shall notify the customer in writing of any cross-connection or other potential contamination hazard which has been identified during the initial inspection or the periodic re-inspection.
 - D. The customer shall immediately remove or adequately isolate any potential cross-connections or other potential contamination hazards on his premises.
 - E. The customer shall, at his expense, properly install, test, and maintain any backflow prevention device required by the City of Hillsboro. Copies of all testing and maintenance records shall be provided to the City of Hillsboro.
- IV. ENFORCEMENT.** If the customer fails to comply with the terms of the Service Agreement, the City of Hillsboro shall, at its option, terminate service or properly install, test, and maintain an appropriate backflow prevention device at the service connection. Any expenses associated with the enforcement of this Agreement shall be billed to the customer.

Customer Signature: _____

Date: _____



CITY OF HILLSBORO COMMERCIAL UTILITIES APPLICATION

Company Name

Owner/Manager Name

Service Address

Mailing Address (If Different)

City, State

City, State

Zip Code

Business Phone #

Description of Business Activities

Date To Start Service

Own? _____ Rent? _____
(Please Check One)

What Type of Garbage Pickup Service Is Required?

Curb? _____ Dumpster? _____ Dumpster Size? _____ Service Days? MTWTF S
(Please Check One)

Is Your Service Address Certified For Business Occupancy? _____ (Yes or No)
(Please Attach Copy of CO)

Are You Exempt From Texas Sales Tax? _____ (Yes or No)
(Requires Tax Exempt Certificate)

Do You Want To Pay Your Account By Bank Draft? _____ (Yes or No)
(Requires Bank Information and Void Check)

Applicant Must Provide Copy of Current Driver's License or Texas ID

Applicant's Signature

Date

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Customer Signature: _____

Date: _____