



Date _____

City of Roanoke
500 S. Oak Street
Roanoke, TX 76262

Resident/Business Name: _____

Street Address: _____

Mailing Address: _____

City, State, Zip Code: _____

Deposit of \$ _____ as security for any and all bills, which may be due or may become due, to the City of Roanoke for water or other services on the premises.

Water Impact Fee:	<u> \$0.00 </u>
Sewer Impact Fee:	<u> \$0.00 </u>
Fort Worth Impact Fee:	<u> \$0.00 </u>
Meter Fee:	<u> \$0.00 </u>
Tap Fee:	<u> \$0.00 </u>
Other:	<u> \$0.00 </u>

TERMS AND CONDITIONS

Water furnished hereunder is for the sole use of customer and selling, furnishing or permitting the use of water to third parties is expressly prohibited.

Statements for water service furnished and tapping fee changes will be paid within 10 days after same and deposited in the U.S. Mail.

All lines up to and including the meter and meter box are and remain the property of the City of Roanoke regardless of the location thereof.

This contract and rights hereunder are not transferable without the consent of the City of Roanoke in writing.

Upon breach of any of the above terms or conditions, the City of Roanoke may, as its election, disconnect water service and remove meter, without notice, and the failure to do so will not in any way constitute a waiver of the City of Roanoke's rights hereunder.

In consideration of the installation of the above water service by the City of Roanoke, the customer hereby agrees to the terms and conditions of service provided on this contract.

X _____
Customer Signature

Date



CREDIT/DEBIT AUTHORIZATION FORM

I (we) hereby authorize the City of Roanoke to initiate entries to my checking/savings accounts at the financial institution listed below and, if necessary, initiate adjustments for any transactions credited in error. This authority will remain in effect until the City of Roanoke and _____ a reasonable opportunity to act on it.

(Name of Financial Institution)

(Name of Financial Institution)

(Address of Financial Institution-Branch, City, State & Zip)

(Signature)

(Date)

(Name – Please Print)

(Address – Please Print)

(Contact Phone Number)

Checking/Savings Account Number: _____

Financial Institution Routing Number: _____
(Located between these symbols 1::1 on the bottom left of your check)

Water Bill Account Number: _____

**Please attach a voided check to this form



City of Roanoke Utility Bill Delivery Option

Utility Billing Customer Name: _____

Utility Billing Address: _____

Home Phone Number: _____

How would you like to receive your Utility Bill?

[You may select more than one option]

Electronically via e-mail

E-mail address: _____

Paper Statement

This form may be mailed or brought to the City of Roanoke Utility Billing Department located at 500 S. Oak Street, Roanoke, TX 76262 during normal business hours. Monday - Friday 8a.m. - 5 p.m.

You may also contact the Utility Billing Department at 817-491-2411.