

**CITY OF LOS FRESNOS
APPLICATION FOR UTILITY SERVICES**

S.S. No. _____

Phone (H) _____

Tx. D.L. No. _____

Phone (W) _____

The applicant whose signature appears below applies to the City of Los Fresnos, Texas, for the utility service to be supplied at the address shown below and, upon request, at any other local address to which applicant may move, and agrees to accept service and to pay such service as bills are rendered therefore. All in accordance with and subject to CITY'S rates, terms, and ORDINANCES in effect at the time such service is received.

RECEIVED OF _____ \$ _____

as a Deposit to secure payment to the City of Los Fresnos, Texas of any and all indebtedness owing to and / or to become owing by Depositor for services, or damages resulting to the City of Los Fresnos, due to negligence or fault on the part of the Depositor.

Upon discontinuance of service with the City of Los Fresnos, the amount of this deposit, according to the laws of the State of Texas, less any amount owing to the City of Los Fresnos, will be refunded to the Depositor.

This Receipt is not transferable.

Received this _____ day of _____, 20 _____. CITY OF LOS FRESNOS

By _____

Customer's Signature _____

Service Address _____

Mailing Address _____

The following information needs to be collected from all new account applications because the City of Los Fresnos Water Department currently has outstanding loans with a federal agency. The information applies only to the applicant. If you fail to provide this information, it will be provided by the city staff based on our observations.

Ethnicity		Race	Male	Female
Hispanic or Latino	<input type="checkbox"/>	American Indian/ Alaskan Native	<input type="checkbox"/>	<input type="checkbox"/>
Not Hispanic or Latino	<input type="checkbox"/>	Asian	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	Black or African American	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	Native Hawaiian or Other Pacific Islander	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	White	<input type="checkbox"/>	<input type="checkbox"/>

Type of Residence: (check one) Single Family Multi- Family

Own: (*MUST provide proof of ownership)

Rent: (*MUST provide lease or rental agreement)

Signature _____ **Date:** _____

**CITY of LOS FRESNOS NOTICE / AVISO DE LA CIUDAD DE LOS FRESNOS
PERSONAL INFORMATION OPTION /OPCION DE INFORMACION PERSONAL**

The Texas Utility Code, Sec. 182.052, allows City customers to keep personal customer information confidential if the customer makes such a request. Personal information may include but is limited to name, address, Social Security number driver license number, account status and more. Unless you choose to keep it confidential, this information may be subject to public release if requested under the Texas Public Information Act. If you wish to keep confidential your personal information the City has in its files, you must check the appropriate box below and return this form to the utility division.

Do you wish for your personal information to be kept confidential?

YES

NO

If you wish to change your preference, the City must receive a written request.

El Codigo de Servicios Publicos de Tejas, Seccion 182.052 permite a los clients de la Ciudad a mantener su informacion personat como cliente confidencial si el cliente asi 10 solicite. Informacion personal puede, pero no se limita al nombre, direccion, numero de Seguro Social, numero de licencia de conducir, estatus de cuenta, etc. A no ser que elija mantener su informacion personal confidencial, esta podria estar sujeta a divulgacion publica si fuera solicitada bajo la Ley de Informacion Publica de Tejas. Si usted desea mantener confidencial la informacion personal que la Ciudad mantiene en sus archivos, tiene que marcar el encasillado apropiado que presentamos a continuacion y regresar la forma de opcion a la division de la utilidad.

Desea que su informacion personal se mantenga confidencial?

YES

NO

Si desea cambiar su eleccion de preferencia, la Ciudad debera recibir esta solicitud por escrito.

(Name / Nombre)

(Address / Direccion)

(Account Number / Numero de cuenta)

(Signature / Firma)

(Date / Fecha)

Please return to / Favor de regresar al correo:

Utility Division
City of Los Fresnos
520 E. Ocean Blvd.
Los Fresnos, TX. 78566

- C. The Water System 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 Water System. Copies of all testing and maintenance records shall be provided to the Water System.

IV. **ENFORCEMENT.** If the Customer fails to comply with the terms of the Service Agreement, the Water System shall, at its option, either 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.

(Address / Direccion)

(Account Number / Numero de cuenta)

(Signature/Firma)

(Date/Fecha)

