

Application and Agreement for Solid Waste Services (Services Provided by Waste Management)

Date Service is to Begin:			is to Begin:
Name(s) on account:			
Service Address:			
Mailing Address (if diff	erent from above	2):	
Home:	Cell:		Work:
Email Address:			5 NO
DL #:			
	required . Please of Closing Discl	e provide a copy of a l osure.	ease agreement, management
Landlord/Realtor's Na	nme:		Phone:
In Case of Emergency:			
Name:			Phone:
Address:			

8001 Shin Oak, Live Oak, Texas 78233 210-653-9140 Ext. 2007 <u>www.liveoaktx.net</u>

Service Agreement

I hereby agree to the following conditions (please initial): There is a \$15.00 non-refundable application and fee, which is charged 1. when the account is opened. New account cart delivery will occur 7-10 days after account is opened, excluding 2. holidays. You must complete a "**Termination of Service**" form when you leave the 3. premises permanently and provide a forwarding address. If you do not receive your bill, it is your responsibility to contact the Utility Billing office and determine the amount of your bill. Bills not paid by the due date will incur a 10% penalty. If service is disconnected due to non-payment, a \$30.00 fee will be added to the account. A full payment must be collected before service can be restored. Services are restored Monday through Friday, 8:00 a.m. to 4:00 p.m., excluding holidays. Bills may be paid on the website at www.liveoaktx.net, by bank draft, or by placing 6. it in the drop box located in front of City Hall, or by mailing it to the utility office at 8001 Shin Oak Dr., Live Oak, TX 78233. 7. There will be a \$25.00 charge added to your account for any returned check or draft. There will be a \$70.00 charge added to your account for each lost or stolen cart. 8. By signing below, I hereby acknowledge I have read and agree to the terms in this document. In consideration for receiving solid waste services from the City of Live Oak, Texas, provided by Waste Management at the service address, I hereby acknowledge responsibility for payment of service billings. Payment by the indicated due date is required to prevent interruption of service. I am responsible for these services until my account is closed and the balance is paid in full. Customer Signature: _____ Date: _____ For Office Use Only: New Account Number: _____ Carts Needed: Garbage Y N Recycle Y N Cart Order Ticket # _____ Scheduled Delivery Date: _____ Completed by: