

The City of Archer City is an Equal Opportunity Provider

CITY OF ARCHER CITY
P.O. Box 367
Archer City, Texas 76351
(940) 574-4570

Date _____
New Service _____
Service Transfer _____

COMMERCIAL APPLICATION FOR SERVICE
(Must be filled out completely for service)

Name _____
Home Phone _____ Work Phone _____ Cell _____

Current Address _____

NEW SERVICE ADDRESS _____

Mailing Address _____

Start Date _____ Type of Service: Commercial _____

Owner of Property _____

Owner Phone Number _____

Drivers License # _____ SSN # _____

Place of Employment _____ Employer Address _____

Name, address, and telephone number of nearest relative not living with you. _____

List the names of all owners or co-owners: _____

Have you or any co-owners on this account ever had a water utility service account with the City of Archer City? _____ If so, list the name _____ and address of the account _____.

PAYMENT POLICY

Deposit: \$300 Commercial deposit
Late Penalty: 10% applied after the 15th of each month
Reconnect Fee: \$25.00 during regular business hours. After regular business hours fee \$75.00.
Transfer Service Fee: \$15.00

DISCLOSURE: (PLEASE READ AND SIGN BELOW)

I AUTHORIZE THE CITY TO TURN ON WATER AT THE ABOVE LOCATION. IT IS MY RESPONSIBILITY TO INSURE ALL LEAKS HAVE BEEN DETECTED AND HYDRANTS AND FAUCETS ARE TURNED OFF. ***** _____ (INITIAL HERE) *****

The City of Archer City is an Equal Opportunity Provider

FAILURE TO RECEIVE A BILL does not relieve the customer of obligation for payment, or the consequences of non-payment. If you have not received a bill by the 5th of each month, please contact City Hall at (940) 574-4570.

RETURNED CHECKS (NSF, closed account, etc.) will be charged a \$30.00 service charge. After the second occasion of a returned check, the payer will be required to make payment with cash or money order for a period of not less than twelve (12) months.

DELINQUENT ACCOUNTS will be placed with a collection agency for collection of unpaid balances.

ACCOUNT HOLDER WILL BE RESPONSIBLE FOR CHARGES INCURRED.

Customer Signature: _____

City Clerk: _____

The following information is requested by the Federal Government in order to monitor compliance with Federal Laws prohibiting discrimination against applicants seeking to apply for employment. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you chose not to furnish it, we are required to note the race/national origin of individual applicants on the basis of visual observation or surname.

Circle one choice in each category below.

Ethnicity	Race	Gender
Hispanic or Latino	American Indian or Alaskan	- Male
Not Hispanic or Latino	Native	- Female
	Asian	
	Black or African American	
	Native Hawaiian or other Pacific	
	Islander	
	White	

Non-Discrimination Statement

"This institution is an equal opportunity provider and employer."

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at <https://www.ascr.usda.gov/filing-program-discrimination-complaint-usda-customer>, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov."