# CITY OF EDINBURG
# UTILITY BILLING DIVISION

## Application for Wastewater and/or Solid Waste Collection Service

**TYPE OF ACCOUNT:** COMMERCIAL: _____ RESIDENTIAL: _____

Account # _____ Card I.D.# _____ Size _____ Cost _____

City of Edinburg _____ North Alamo Water Supply _____ Sharyland Water Supply _____

Date: _____ Permit # _____ Amount: _____

Name: _____ Phone#: _____

Street Address: _____

Mailing Address: _____

Legal Description: _____

Signature of Applicant(s) _____ Date _____

COMMENTS: _____

I/We _____ agree to pay monthly wastewater and/or solid waste collection charges to the City of Edinburg through our servicing Water Supply Corporation's billing office. If I/we fail to pay the monthly installment of the wastewater and/or solid waste collection charges, I/we authorize and agree to allow our Water Supply Corporation to disconnect my/our water meter and to withhold water service until such delinquency is made current.

_____ _____

Signature of Applicant(s) Date

---

**(For Use by the City Utility Billing Division)**

The City of Edinburg requests that _____ Water Supply Corporation begin charging _____
For the following service(s):(Circle a,b,c and/or d and fill in blanks)

a) Monthly wastewater service at a rate of _____ in combination with monthly solid waste collection service at a rate of _____.
b) Monthly solid waste collection service only at a rate of _____
c) Monthly wastewater service only at a rate of _____
d) Delinquency payments _____

Services commence on _____. Upon receipt of applications, charges will be reflected in servicing Water Supply Corporation's next billing cycle.

_____ _____ _____
Cashier/Clerk Receipt # Date

_____ _____
Approved by (Director of Utilities) Date

c\at\destop\cityofedinburg