

For Office Use Only:	Service Date: _____	Clerk Initials: _____
Account #: _____	Trash Container: _____	Recycle Container: _____
Deposit Amount: _____	Deposit #: _____	



CONTRACT OF SERVICE

City of La Marque

1111 Bayou Rd * La Marque, TX 77568 * 409-938-9209 * ub@cityoflamarque.org

Commercial ___ Mulit-Family ___ Residential ___ Trash Only ___

Service Address: _____

Name of Applicant: _____

Mailing Address (if different): _____

(Include City, State, & Zip)

Driver's License Number: _____ Date of Birth: _____

Social Security Number: _____ Tax ID Number: _____

Phone Number: _____ Alternate Number: _____

Email Address: _____ **I would like my bill E-bill ___ Yes ___ No**

Place of Employment: _____ Phone Number: _____

If other responsible party please complete section below

Name of Spouse/Responsible Party: _____

Driver's License Number: _____ Date of Birth: _____

Social Security Number: _____ Phone Number: _____

Do you own or lease property (circle one): **OWN** **LEASE** *(if leasing provide owners name & number below)*

Landlord Name Phone Number

Section 182.052 of the Texas Utility Code authorizes the City of La Marque to not disclose personal information available to the public.
I want to keep information provided on application CONFIDENTIAL. YES or NO

I hereby apply for water, sewer and garbage service at the above address to be furnished at the standard rates and under terms and conditions of the City of La Marque as established for such services including rules, regulations, and ordinances of the City, as amended. **I understand a monthly minimum charge will apply whether services are used or not.** I have read and understand the disclosures pertaining to tampering with City Property and all other policies & procedures .The deposit will be held until services are discontinued or terminated, to guarantee the payment of bill of whatever nature that may be due. When services have been discontinued, the deposit will be applied to the final bill. I understand that failure to render payment within time prescribed on the bill will mean discontinuance of service. Further, if the City of La Marque incurs additional expenses for past due collections, I agree to pay all costs of collections.

Applicants Signature **Date** _____
Co-Applicant Signature **Date**