

Commercial Application Information

Please return your completed application, waiver and indemnity form (if applicable), transfer fee (if applicable), and deposit (cash or check) to our office or into the Water Bill Drop Box located in the Village Center parking lot, positioned on the SW corner of the dumpster garage. Your application and deposit must be received in our office before services can be established.

Office hours: 8:00 a.m. – 5:00 p.m. Monday-Friday

Your service can be turned on without anyone being present: However, a waiver and indemnity form must be completed. It is the owner's responsibility to ensure that all faucets, both inside and outside, have been shut off completely prior to requesting a service connection. Should a leak be detected at your meter upon connection of your service our crews may find it necessary to reschedule your connection.

Deposits and Service Fees

<i>An individual deposit is required for each meter:</i>	Meter Size	Deposit Amount
Water Deposit (<i>based on meter size</i>):	3/4", 5/8", and 1"	\$ 50.00
Water Deposit (<i>based on meter size</i>):	1 1/2"	\$ 200.00
Water Deposit (<i>based on meter size</i>):	2"	\$ 250.00
Water Deposit (<i>based on meter size</i>):	3"	\$ 550.00
Established by District's Representative (<i>based on meter size</i>):	Over 3"	TBD
Sewer Deposit (<i>for all new accounts</i>):	N/A	\$ 25.00
Service Fee (<i>for all new accounts</i>):	N/A	\$ 25.00

Note: Please contact our office if you need assistance determining what size meter(s) you may have.

Important Information

The District has an open market for commercial customers to use any commercial solid waste and/or recycling service provider they choose. All commercial service providers must be registered with the District annually and must operate in compliance with the Texas Commission on Environmental Quality and the U.S. Environmental Protection Agency.

Monthly invoices are mailed by the 10th of each month; payment is due on or before the 25th of the month. Should the 25th of the month fall on a weekend or holiday, payment will be due the first business day following. A penalty of 10% is applied to unpaid accounts the first business day following the due date.

PLEASE NOTE: IF YOU HAVE NOT RECEIVED YOUR INVOICE BY THE 13TH OF THE MONTH, PLEASE CONTACT THE DISTRICT OFFICE AT 972-899-9722.

Denton County Fresh Water Supply District No. 1-A offers the following payment methods:

- ❖ Drop Box in the Village Shoppes Retail Center parking lot
- ❖ Hand delivery to our office
- ❖ US Postal Service
- ❖ On-line at www.dentoncountyfwsd.com
- ❖ Bank auto draft
- ❖ Credit card draft

Note: A \$3.00 transaction fee applies to each credit card draft

Should you have any questions, please call 972-899-4000 or email customerservice@dentoncountyfwsd.com

- Other items you may need:
- Waiver and Indemnity form
 - Confidentiality Request
 - Email Statement
 - Application for Automatic Bank Draft

Commercial Application for Water and Sewer Service

**WE MUST RECEIVE A LEGIBLE COPY OF EACH CONTACT PERSON(S)
 PHOTO ID TO PROCESS THIS APPLICATION.**

Today's date: _____ Date to begin service: _____ Account Number _____
 (Office Use Only)

Address where service is desired: _____
 Lewisville Texas 75056

***Please note that our staff will ONLY be able to speak to the person(s) listed in item "A" or "B" below regarding the account.**

Name of business and contact person(s) responsible for receipt and payment of services:

Business name		Tax ID #		State	
Billing address (If Different than Service Address)		City		State	Zip
Main phone	Main fax	Other number			
*Authorized business contact name		DL #		State	
Work phone	Mobile phone	Email address			
*Authorized business contact name		DL #		State	
Work phone	Mobile phone	Email address			

- I understand that I am applying for a new commercial water and sewer service account, not for individual service accounts, and that all services will be prorated for the month that I am beginning service; and
- I understand and agree to pay all fees for these services in accordance with the District adopted Rate Order, available online at <http://www.dentoncountyfwsd.com>; and
- I understand that if a payment is made after the due date, a 10% (10 percent) penalty is added to the account and if service is disconnected for any reason a service charge will be due prior to any reconnection. I further understand that there is a \$35.00 return check fee for all NSF checks and/or auto drafts as well as a \$3.00 service fee for all credit card payments; and
- I acknowledge that in the event of the account becoming delinquent, the account may be contracted to a third-party collection agency and may also be reported to the credit rating agencies; and
- I understand further, that by signing below, I/we confirm that I/we have been authorized to enter into this and all other such service contracts on behalf of the business listed above.

 A - Authorized Signature Printed name Title

 B - Authorized Signature Printed name Title

Waiver and Indemnity Form

I, _____, do hereby waive my right to be present during the time in which Denton County F.W.S.D. NO. 1-A shall commence water service connections for the address commonly known as _____ . I hereby indemnify and hold harmless Denton County Fresh Water Supply District 1-A, its agents, and employees, from and against any and all claims, demands, damages, losses, and/or expenses; including, but not limited to, attorney's fees, arising out of, or resulting from, any and all performance of water service connections, on or with respect to, the property referenced herein.

Signed this _____ day of _____ 20 _____

Signature

Please return the completed application and waiver to our office at:

Denton County F.W.S.D. 1-A
Utility Office
2540 King Arthur Blvd. #220
Lewisville, TX 75056

If time permits, the service application, waiver, and deposit may be mailed to the address listed above.

This waiver is necessary for Denton County Fresh Water Supply District No. 1-A employees to activate water service to the subject property without anyone in the household being present. It is in your best interest to ensure that all faucets, both inside and outside, have been shut off completely. All information must be provided in order to connect water service.

**IF THIS OFFICE DOES NOT RECEIVE ALL DOCUMENTATION,
WATER SERVICE CANNOT BE ACTIVATED AT THE REQUESTED ADDRESS.**

Confidentiality Request

Denton County Fresh Water Supply District No. 1-A is a government operated utility; therefore, your water bill account information is considered public record under the Texas Public Information Act. However, a State law allows residential water customers to request that personal information and any information relating to water usage, billing amounts, and payment records be kept confidential. Personal information includes your address, telephone number(s), and social security number.

Information cannot be kept confidential until this completed and signed form is received and processed by the Utility Billing Department.

The request for confidentiality must be submitted in writing, using this form or by submitting a separate letter. Once the request is received and processed, the Utility Billing Department will not release confidential information for that customer except to:

- 1) Government officials/Law Enforcement;
- 2) Consumer reporting agencies;
- 3) Contractors or subcontractors who need the information to do their jobs;
- 4) Utility representatives; or
- 5) Individuals for whom the customer has waived confidentiality in writing. Persons in this category will be required to show identification before information will be released.

✂-----

-

I, the undersigned, have read and understand fully that by checking this box and signing this form that my personal, usage, billing, and/or payment information will not be released without my signed request as the primary account holder. I have read and understand the exceptions to this request regarding Law Enforcement, Local, State and/or Federal officials, consumer reporting agencies, etc. as listed above.

Please Print

Customer Name: _____ Account Number: _____

Service Address: _____

City: Lewisville State: Texas Zip: 75056

Mailing Address: _____
(if different than service address)

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Customer Signature (Required)

Date

Monthly Statement Via Email Request

PLEASE PRINT CLEARLY

Return to us at our address listed above or by email to customerservice@dentoncountyfwsd.com. Once the information is received we will complete the request and you will receive your next monthly water bill via email. Please be sure to add us to your contacts and/or safe sender list so that your monthly bill is not routed to your junk mail folder. Denton County Fresh Water Supply District 1-A will not be responsible for lost or misdirected email statements.

Name on Water Account: _____

Water Account Number: _____

Home Number: _____ Cell Number: _____ Work Number: _____

Email Address: _____

Water Service Address: _____

City, State, Zip: _____

Billing
Address: _____

City, State, Zip: _____

(*If different than Water Service Address)

Any information contained in the monthly email statement is meant solely for the intended recipient. No liability or responsibility is accepted if information or data is, for whatever reason corrupted or does not reach its intended recipient. No warranty is given that this email is free of viruses.

Denton County Fresh Water Supply District 1-A is a government operated utility; therefore, your water bill account information is considered public record under the Texas Public Information Act. However, a state law allows residential water customers to request that personal information and any information relating to water usage, billing amounts, and payment records be kept confidential. Personal information includes your address, telephone number, social security number, and email address.

The Utility Billing Department will not release confidential information for this customer except to:

- 1) Government officials,
- 2) Consumer reporting agencies
- 3) Contractors or subcontractors who need the information to do their jobs,
- 4) Utility representatives, or
- 5) Individuals for whom the customer has waived confidentiality in writing. Persons in this category will be required to show identification before information will be released.

I, the undersigned, have read and understand fully that by checking this box and signing this form that my personal usage, billing, and or payment information will not be released without my signed request as the primary account holder. I have read and understand the exceptions to this request regarding state and federal officials, consumer reporting agencies, etc. as listed above.

Signature

Date

Automatic Bank Draft Authorization Agreement

Change in Existing Bank Draft

New Bank Draft

Personal Information

Utility Account Number: _____ Date: _____

Customer Name: _____

Customer Address: _____

City, State, Zip: _____

Home Phone: _____

Mobile Phone: _____

Email Address: _____

Bank Account Information

Please sign me up for the Automatic **Bank Draft** payment option. I authorize Denton County Fresh Water Supply District No. 1-A to draft my bank account, indicated below, each month for payment of my utility services. I have enclosed a voided check.

Financial Institution Name: _____

Address: _____

City, State, Zip: _____

Telephone Number: _____

Account Number: _____ ABA Routing Number: _____

Automatic Bank Draft (ABD) Terms and Conditions: You authorize Denton County Fresh Water Supply District No. 1-A to directly draft your payment from your bank account. Your account will be drafted each month, on the due date listed on your monthly invoice, until canceled, in writing.

By signing this Authorization Agreement for Automatic Bank Draft you acknowledge and agree to the terms and conditions set forth therein. I hereby authorize the Denton County Fresh Water Supply District No. 1-A, hereinafter called the "District", to charge the bank account indicated in this authorization form for my utility billing on the specified payment due date listed on my monthly invoice. I understand that if a monthly invoice is not received, it is my responsibility to contact the District to obtain the invoice amount. I understand that my request for the bank draft will take effect on my next billing cycle and I will receive an invoice stating "PAID BY DRAFT". I am also authorizing my financial institution to pay said draft, when presented, until I have revoked the authorization, in writing.

I understand that this authorization will remain in effect until revoked by me, in writing. I understand that the District must receive my written cancellation notice no later than ten (10) days prior to the next billing due date for termination of the program. Should any change in my account information occur, I will notify the District, in writing, within 10 (ten) days of the date of change. The District reserves the right to cancel the bank draft program at any time.

I further agree that if any such bank draft transaction be denied or does not clear, whether with or without cause, the District shall be under no liability whatsoever, even if such denial results in the disconnection of my utility service. Further, I agree that the District shall be fully protected in drawing from any such accounts. I agree that any amount due the District, which is not paid in accordance with the terms of the Application for Service; utility service to my account will be subject to penalties and/or disconnection. Any item returned to the District as denied will be subject to a \$35.00 return item fee.

I certify that I am an authorized signor of this account and that I will not dispute the payments with my bank, provided the transactions comply with the terms indicated in this authorization form.

Authorized Account/Card Holder Signature

Date