City of Fate, Texas
1900 C.D. Boren Pkwy.
Fate, TX 75087
P.O. Box 159
Fate, TX 75132
972-771-4601
Fax: 972-722-8266
utilities@fatetx.gov

City of Fate
Trash Service Application
Residential

☐ **I am interested in signing up for auto draft payments** ☐ I want my bill Emailed ☐ I want my bill Emailed & Mail

Today's Date: _____

Service Address: _____ Start Date: _____

Applicant Name: _____ Co-Applicant: _____

D.L. Number: _____ Social Security: _____ D.L. Number: _____ Social Security: _____

Email Address: _____ Email Address: _____

Type of Business: (If Applicable) _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Alt Phone: _____

Rental properties:
Property Owner's Name: _____ Home Phone: _____

Cell Phone: _____ Email Address: _____

Trash Can/Recycle Containers

*Number of Trash Cans Needed: _____
*95 Gallon Recycle Carts _____Yes _____ No
*Please note refuse service is $17.71 per month for one (1) trash cart and one (1) 95 gallon recycle cart. If you require an additional trash cart there is a monthly charge that will be added to your bill each month in the amount of $10.83. Trash & Recycle carts must be out no later than 7:00AM on your service day. Please note any bins/carts not out at 7:00AM and are missed will not be picked up that week.

A copy of the account holder's government-issued ID (such as a driver's license) and proof of residency (lease or closing papers) must be provided to establish service . You may submit this information via email or in person at 1900 C D Boren Pkwy.

I hereby apply for trash/recycle services at the above address, to be furnished at the standard rates and under the terms and conditions of the City of Fate, on file in the City Office. The $25.00 application fee is non-refundable and is due at the time of application.

I acknowledge trash/recycle service at the above property.

Applicant Signature: _____

Please complete and return (with application fee) to: **City of Fate or utilities@fatetx.gov**
P.O. Box 159
Fate, TX 75132

Confidential Request Form
I hereby do request that the utility record information as authorized by H.B. 859 be kept confidential and that such information be only disclosed to those persons or entities authorized to receive such information by the statute.
Applicant Signature: _____

OFFICE USE ONLY Start Date: _____Today's Date: _____

Amount Paid & Tender Type: _____ Received by: _____