



# City of Fate Trash Service Application Commercial

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

I am interested in signing up for the auto draft payments  I want my bill emailed to me.  I want my bill Emailed & Mailed

Today's Date: \_\_\_\_\_

Service Address: \_\_\_\_\_ Start Date: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Co-Applicant: \_\_\_\_\_

D.L. Number: \_\_\_\_\_ Tax ID/Social Security: \_\_\_\_\_

Email Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

Type of Business: (If Applicable) \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Alt Phone: \_\_\_\_\_

<b>Property Owner's Name:</b> _____ <b>Home Phone:</b> _____
<b>Cell Phone:</b> _____ <b>Email Address:</b> _____

### Trash Can Containers

\*Number of Trash Cans Needed: \_\_\_\_\_

\*Please note refuse service is \$20.46 per month and one (1) trash container is provided with the account. If you require an additional trash container there is a monthly charge that will be added to your bill each month in the amount of \$10.83. Trash carts must be out no later than 7:00AM on your service day. Please note any 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 service 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 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:** \_\_\_\_\_

<b>OFFICE USE ONLY</b>	Start Date: _____	Today's Date: _____
Amount Paid & Tender Type: _____	Received by: _____	