

CITY OF PALMHURST, TEXAS
Billing of Solid Waste Collection and Disposal Service Form

DATE: _____

SHARYLAND WASTER SUPPLY ACCOUNT NUMBER: _____

NUMBEROF CARTS: _____

NAME: _____ PHONE NUMBER: _____

SERVICE ADDRESS: _____

SUBDIVISION: _____ LOT NUMBER: _____

MAILING ADDRESS: _____

I/we, _____, agree to pay monthly garbage collection, reconnect fess and all other charges set out in the Sharyland Water Supply Corporation's tariff, to the City of Palmhurst through the Sharyland Water Supply Corporation office. If I/we fail to pay, the monthly fees for garbage collection service, I/we authorize and agree to allow Sharyland Water Supply Corporation to disconnect my/our water meter and to withhold water service until all amounts due for garbage collection, as well as all re-connect fees and all other charges set out in the Sharyland Water Supply Corporation's tariff and adopted by City of Palmhurst, for my/our accounts are paid in full.

WRITTEN NAME: _____

SIGNATURE: _____ DATE: _____

For use by Sharyland Water Supply Corporation Billing Department

The City of Palmhurst requests that Sharyland Water Supply Corporation begin charging the above location for: Garbage Collection Services, at the rates adopted by City of Palmhurst. Charges are to begin effective January 1, 2010 and will continue to be billed monthly until customer terminates water services with Sharyland Water Supply Corporation.

Existing Account - Number of Carts Billed: _____ **OR** New Account - Number of Carts Billed: _____

AUTHORIZED BY: _____ DATE: _____