

Acct # ID   Closing/Lease ID   WT WW RF   Turn on Time Payment   Notified TDS Email	OFFICE USE ONLY:
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The City of Kyle cannot disclose any information on your account unless you permit us to do so. Please select an option below: □ I would like my account confidential meaning no information can be given to anyone except the applicant(s) listed below.  $\hfill \square$  I authorize the City of Kyle to disclose the information in my utility account records.

CURRENT ADDRESS  Service Address:  Disconnect Date://  NEW SERVICE ADDRESS  Service Address:																		
										Mailing Address: Start Date: / /								
										If water is off, select a turn on tim	_	v – Thursc	lav ⊟8am	-12nm ()	R □1nm.	.5nm		
ii watai is an, sataat a tain an tiii		•	ailable Tim	•		•												
Applicant Information																		
Name:			Driver's	s Licens	e		State:											
Date of Birth:/ 🗆 I	l am 65 ye	ears or ol	der (eligibl	e for 10	% discou	nt on tra	ash serv	vice)										
Primary Phone #:		_ Email A	ddress:															
Social Security:		Enroll in	E-Billing a	nd Waiv	e Paper E	Bills?	□Yes □	□No										
Payment Method																		
Credit/Debit Card:				Ехр:	/													
<ul> <li>This is a one-time payment for payments.</li> </ul>	or your tra	ınsfer fee	of \$38.04	. It does	not sign	you up f	or auto	matic										
• A 3.91 % process fee applies	to ALL ca	ard payme	ents. To av	oid this	fee, you r	nay pay	with ca	ash or										
check in person. only accept	ed in pers	son																
portant Information: Auto Pay does			our new a	ddress.	You will n	eed to r	e-enrol	ll in A										
	once you	ur new ad	ccount is a	ctive.														