



**Application and Agreement for Solid Waste Services
(Services Provided by Waste Management)**

Date Service is to Begin: _____

Name(s) on account: _____

Service Address: _____

Mailing Address (if different from above):

Home: _____ Cell: _____ Work: _____

Email Address: _____

Mail bill? YES _____ NO _____ E-Mail bill? YES _____ NO _____

DL #: _____ State: _____ DOB: _____

Proof of Residency is required. Please provide a copy of a lease agreement, management agreement or 1st page of Closing Disclosure.

If you are leasing, please complete the following:

Landlord/Realtor's Name: _____ Phone: _____

In Case of Emergency:

Name: _____ Phone: _____

Address: _____

8001 Shin Oak, Live Oak, Texas 78233 210-653-9140 Ext. 2007 www.liveoaktx.net

Utility Department email: utilities@liveoaktx.net

Service Agreement

I hereby agree to the following conditions (please initial):

1. There is a \$15.00 non-refundable application and fee, which is charged when the account is opened.
2. New account cart delivery will occur **7-10 days** after account is opened, excluding holidays.
3. You must complete a "**Termination of Service**" form when you leave the premises permanently and provide a forwarding address.
4. If you do not receive your bill, it is your responsibility to contact the Utility Billing office and determine the amount of your bill. Bills not paid by the due date will incur a 10% penalty.
5. Bills may be paid on the website at www.liveoaktx.net, by bank draft, or by placing it in the drop box located in front of City Hall, or by mailing it to the utility office at 8001 Shin Oak Dr., Live Oak, TX 78233.
6. There will be a \$25.00 charge added to your account for any returned check or draft.
7. There will be a \$70.00 charge added to your account for each lost or stolen cart.

By signing below, I hereby acknowledge I have read and agree to the terms in this document. In consideration for receiving solid waste services from the City of Live Oak, Texas, provided by Waste Management at the service address, I hereby acknowledge responsibility for payment of service billings. Payment by the indicated due date is required to prevent interruption of service. I am responsible for these services until my account is closed and the balance is paid in full.

Customer Signature: _____ Date: _____

For Office Use Only:

New Account Number: _____

Carts Ordered: Garbage Recycle

Ticket # _____ Delivery Date: _____

Completed by: _____