



CEDAR PARK

UTILITY BILLING

RESIDENTIAL TRANSFER APPLICATION

CONNECTION AND DISCONNECTION WITHIN 10 DAYS

City of Cedar Park Utility Billing
450 Cypress Creek Rd, BLDG. 2
Cedar Park, TX. 78613

Phone (512) 401-5300

Fax (512) 401-5301

Email ub@cedarparktexas.gov

CURRENT ADDRESS

Customer Name(s):	Spouse:	Today's Date:
Service Address:		Disconnection Date:
Account Number:		Service only Monday – Friday. 24 HR notice is required. No service on Holidays

NEW SERVICE ADDRESS

New Service Address:	
Mailing Address: (If different than Service Address)	Connection Date:
Driver's License #:	Service only Monday – Friday. 24 HR notice is required. No service on Holidays
Date of Birth:	Social Security #: (Last 4 Digits Only)
Employer:	Phone 1 #:
Email Address:	Phone 2 #:
Billing Preference: Paper Bill: <input type="checkbox"/> Electronic Bill: <input type="checkbox"/>	Phone 3 #:
Authorized Person(s):	

A resident may request that their account information be kept confidential. Please select one:

- YES – Request for Confidentiality NO – Do NOT Request Confidentiality

Under the Texas Utilities Code, Section 182.001 through 182.005, persons 60 or older utility accounts' will not receive a 10% penalty until the bill is past due by 25 days. Are you or any person authorized on this account 60 years or older?

- YES – Please provide verification of age status NO

I understand if the above dates should change and extend over **10 days**, a transfer request **cannot** be completed. A new Residential Application will need to be created with a **\$100.00** deposit billed on the first bill.

I understand that government issued **PHOTO IDENTIFICATION** is required for connection. A scanned copy or picture is fine.

Customer Signature: **X** _____

The City of Cedar Park water utility strongly suggests that you close the private customer gate valve prior to the City arriving to restore service to this address. The City will not be responsible for damages to the property or inside the home due to any water leak or open lines upon or after the City restores service.

For Office Use Only

Customer Service Rep:		Service Order #:		
Solid Waste Collection: CTR	<input type="checkbox"/> YES <input type="checkbox"/> NO	Transfer \$25.00:	Date:	
New Account:	Billing Cycle:	<input type="checkbox"/> CC: V or MC	<input type="checkbox"/> CASH	<input type="checkbox"/> CH #