



City of Converse

406 S. Seguin Rd.
Converse, TX 78109
210-658-1965
utdeposit@conversetx.net

**APPLICATION AND AGREEMENT FOR CITY OF CONVERSE REFUSE SERVICE
(Garbage, Recycling, Brush and Bulk Service)**

Start Date: _____
Name: _____ Phone #: _____
Service Address: _____
Mailing Address: _____
E-mail Address: _____

AGREEMENT FOR SERVICES FROM THE CITY OF CONVERSE: (initial each line)

I hereby agree to the following conditions:

1. ___ I agree to pay the bill within ten days of my due date.
2. ___ I agree to terminate garbage services upon moving out of the residence.
3. ___ I agree that the deposit amount of \$50.00 will be credited to my **final bill**.
4. ___ I agree that if I **do not** receive a bill by mail or email that it is **my responsibility** to call or come to the Utility Billing office and determine the amount of my bill.
5. ___ I agree that if I default on any of the above agreements, the City of Converse has the right to put the account into nonpayment status and suspend the service until the account is paid in full per City Ordinance. An extra service fee of \$25 will be applied to get account reactivated.

ENFORCEMENT: IF THE CUSTOMER FAILS TO COMPLY WITH THE TERMS OF THIS SERVICE AGREEMENT, THE GARBAGE SERVICES SHALL BE TERMINATED. THE CITY OF CONVERSE HAS THE RIGHT TO CLOSE THE GARBAGE ACCOUNT IF PAYMENT IS DELINQUENT. THIS WILL RESULT IN A NEW DEPOSIT BEING OWED. THE CUSTOMER SHALL PAY ANY EXPENSES ASSOCIATED WITH THE ENFORCEMENT OF THIS AGREEMENT.

PRIMARY APPLICANT SIGNATURE _____
DATE

By signing above, I acknowledge that I have read all of the above information.

PRIMARY APPLICANT: (MUST PROVIDE COPY OF DL**)**

NAME: _____
ALT PHONE #: _____
SOC. SEC. #: _____
DL #: _____
EMPLOYER: _____ PHONE #: _____

(OFFICE TO INQUIRE)

Account Number (office use): _____ Employee: _____