



City of Round Rock  
221 E. Main Street  
Round Rock, TX 78664  
Phone: 512-218-5460  
Fax: 512-218-5463

## TRANSFER OF RESIDENTIAL SERVICE APPLICATION

START DATE \_\_\_\_\_ or DISCONNECT DATE \_\_\_\_\_

Please allow 1-2 business days for processing. Service will be activated between 8 a.m. and 5 p.m., Monday through Friday. Applications received on Saturday, Sunday, or holidays will be initiated on the preceding business day.

OLD SERVICE ADDRESS \_\_\_\_\_

NEW SERVICE ADDRESS \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

(If different from above)

EMAIL ADDRESS \_\_\_\_\_

BILLING PREFERENCE ☐ E-BILL or ☐ PAPER BILL

APPLICANT \_\_\_\_\_ CO-APPLICANT \_\_\_\_\_

DRIVERS LICENSE # \_\_\_\_\_ DRIVERS LICENSE # \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

BIRTHDAY \_\_\_\_\_ BIRTHDAY \_\_\_\_\_

PHONE # \_\_\_\_\_ PHONE # \_\_\_\_\_

MONTHLY FRIENDLY ROCK DONATIONS (I/we agree to make a voluntary monthly donation in the following amount): ☐ \$1 ☐ \$ \_\_\_\_\_

Applicant Co-Applicant

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | I understand that the City requires 1 – 2 business days notice to connect service.  |
| <input type="checkbox"/> | <input type="checkbox"/> | I understand that a \$25 connection fee will be charged on the first month's bill for residential accounts.   |
| <input type="checkbox"/> | <input type="checkbox"/> | I understand that I am responsible for all discharges of water on the customer side of the water meter, regardless if the discharge was a result of my actions or inactions.  |
| <input type="checkbox"/> | <input type="checkbox"/> | I understand that I am liable for any damage to the water meter installed on the property. It is unlawful for anyone to break, damage, tamper with, obstruct or prevent the proper operation of the water meter.                            |
| <input type="checkbox"/> | <input type="checkbox"/> | I understand that a violation of any of the offenses listed above will result in additional fees for water lost, damages incurred, and criminal charges may be filed against the customer.  |
| <input type="checkbox"/> | <input type="checkbox"/> | I agree both the applicant and co-applicant, if any, have the authority to close the account and that the return of the deposit, if any, may be issued to either the applicant or the co-applicant.   |
| <input type="checkbox"/> | <input type="checkbox"/> | I am over 60 years old and will bring proof to the city offices within three business days to qualify for a penalty delay. I understand that until I submit proof and complete the form in office, I will not be granted the payment delay. |
| <input type="checkbox"/> | <input type="checkbox"/> | I request that my personal information be kept confidential.  |

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
CO-APPLICANT SIGNATURE

Submit the completed form along with a copy of your photo ID to the Utility Billing office using any of the following methods:

Online: <https://roundrocktexas.gov/newutilityservice> - Fax: 512-218-5463 - In-person at address listed above

\*\*\*\*\* OFFICE USE \*\*\*\*\*

OLD ACCT # \_\_\_\_\_ NEW ACCT # \_\_\_\_\_ CSR \_\_\_\_\_

SERVICE ORDER # \_\_\_\_\_ SERVICE ORDER # \_\_\_\_\_ VERIFIED \_\_\_\_\_ / \_\_\_\_\_



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## AUTOMATIC DRAFT AUTHORIZATION/UPDATE

**\*\* IT MAY TAKE UP TO TWO BILLING CYCLES FOR DRAFTS TO BECOME ACTIVE \*\***

NAME \_\_\_\_\_ ACCOUNT # \_\_\_\_\_

SERVICE ADDRESS \_\_\_\_\_ PHONE # \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_  
(If different from above)

EMAIL ADDRESS \_\_\_\_\_ REQUEST E-BILL ☐ YES ☐ NO

You can help those in need pay for essential water services by donating to the FRIENDLY ROCK PROGRAM. Simply check the box by the amount you would like to contribute and it will be added to your water bill.

☐ YES I would like to pledge to the FRIENDLY ROCK PROGRAM each month. ☐ \$1 ☐ \$5 ☐ \$ \_\_\_\_\_

## AUTOMATIC DRAFT FROM BANK ACCOUNT

Complete this section if drafting from checking or savings account.

**\*\*\* A VOIDED CHECK IS REQUIRED for drafts from checking or savings accounts \*\*\***

☐ CHECKING ☐ SAVINGS

BANK NAME \_\_\_\_\_ BANK ACCOUNT # \_\_\_\_\_

NAME ON BANK ACCOUNT \_\_\_\_\_ BANK ROUTING # \_\_\_\_\_

I authorize the City of Round Rock to draft the account indicated above to pay my monthly utility bill. I understand that my bank account may be drafted for the total amount due, one to three business days before the due date. **Initial**

I will continue to make payments as usual until my bill states "Paid by Draft". Failure to do so may result in late fees. **Initial**

This authorization will remain in effect until the City of Round Rock has received written notification of termination. This bank draft authorization will be terminated upon receipt of notification for insufficient funds or if declined or returned for any reason. **Initial**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\*\*\*\*\* OFFICE USE \*\*\*\*\*

ENTERED BY \_\_\_\_\_ DATE \_\_\_\_\_ VERIFIED BY \_\_\_\_\_ DATE \_\_\_\_\_



## City of Round Rock Utility Billing Customer Survey

We want to provide our customers with the best customer service available. Comments from you will help us reach that goal. Please take a few moments to fill out this survey and send it back to us. You can reach us by phone at 512-218-5460 or fax at 512-218-5463.

Were you treated in a friendly and welcoming manner?                      Yes                      No

Was the customer service representative knowledgeable and helpful?    Yes                      No

Did we respond professionally and answer all your questions?            Yes                      No

How do you rate your overall experience with the Utility Billing Office?  
1 (poor)                      2 (average)                      3 (good)                      4 (excellent)

Comments:

May we contact you about this survey:                      Yes                      No

If Yes: Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Irma Mendoza  
City of Round Rock  
221 East Main Street  
Round Rock, TX 78664  
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