



CITY OF DRIPPING SPRINGS

COMMERCIAL WASTEWATER PAYMENT AGREEMENT

Property Owner Tenant

DATE _____ Number of LUEs _____ Received by _____

If this service address is a rental property, a separate form and Security Deposit is required from each the property owner and the tenant. If Water utility is under property owner's name only property owner needs to fill-out form, sign, and pay Security Deposit. The person signing below agrees to:

1. Receive wastewater service from the City of Dripping Springs subject to the terms and conditions of the City's Wastewater Ordinance and other applicable laws.
2. Comply with the City of Dripping Springs Pre-Treatment Ordinance, and complete the pre-treatment survey.
3. Pay the monthly Wastewater Bill for the service address listed below OR
4. Pay for LUEs being held for future connection at \$50.00 per LUE monthly. (Property Owner)
5. If applicant is doing a tenant finish out, please attach Building Permit Application and Certificate of Occupancy application.
6. Email completed form(s) to sholden@cityofdrippingsprings.com

The City currently bases monthly wastewater volume charges on the average of your "winter water use," as measured by your separate Dripping Springs Water Supply Corporation water meter for the months of December, January, and February. By City Ordinance this calculation method is subject to adjustment or change. If you do not have an acceptable history of water use, or do not have a separate water meter, then the City will calculate your sewer bill based on other factors, such as current monthly water use or an appropriately sized residential water meter. Sewer statements are mailed at end of month. Payment must be received by the 15th of each month or you will incur late fees and/or termination of water service.

Customer Name(s): _____
Name on Wastewater Service Account needs to be same as Name on Water Service Account.

Billing Address: _____
City State Zip

Service Address(s): _____

Other Service Address(s): _____
(If several addresses share same Water meter)

Home Phone: (____) _____ Cell Phone: (____) _____

Work Phone: (____) _____ E-Mail: _____

Previous use: _____ Proposed Use: _____
(i.e. retail, warehouse/storage, restaurant, salon)

I understand and agree with the terms and the conditions of this Agreement:

Signature: _____

Print Name: _____

(1) Security Deposit: Amount is based on size of water meter: (5/8"=\$100) (3/4"=\$150) (1"=\$250) (1 1/2"= \$500), ***your deposit will be applied to your first months bill if you so choose.***

(2) Security Deposit: \$30 transfer fee will be applied to your first months bill if you so choose.

Portion completed by Inframark representative: **Assigned Account #** _____

Make checks payable to: City of Dripping Springs
Mail payments to: PO Box 684000, Houston, TX 77268

For more information call Sarah Holden 512-858-4725 or refer to Wastewater Rate Ordinance on our web site: cityofdrippingsprings.com