



**COMMERCIAL WASTEWATER PAYMENT AGREEMENT**

DATE \_\_\_\_\_  Property Owner  Tenant ACCOUNT # \_\_\_\_\_  
*check one*

The Customer 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, Customer-City contract terms and other applicable laws.*
2. *Comply with the City of Dripping Springs Pre-Treatment Ordinance, and fill out and submit the Pre-Treatment Survey with its Application for Wastewater Service.*
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.*

The City currently bases monthly wastewater volume charges on the average of "winter water use," as measured by your separate Dripping Springs Water Supply Corporation water meter for the months of December, January, and February. 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 monthly sewer bill based on other factors to be selected by the City, such as your current monthly water usage, water meter size, the commercial activities at the site, or actual sewage volume. Sewer statements are mailed at end of month.

*Payment must be received by the 15<sup>th</sup> of each month or you will incur late fees and/or termination of water service.*

Customer Name: \_\_\_\_\_

Customer Owner: \_\_\_\_\_

Service Address: \_\_\_\_\_

City State Zip

Billing Address: \_\_\_\_\_

(if different from Service address)

City State Zip

Daytime Phone:(\_\_\_\_\_) \_\_\_\_\_ Other Phone :(\_\_\_\_\_) \_\_\_\_\_

Fax Number:(\_\_\_\_\_) \_\_\_\_\_ E-Mail: \_\_\_\_\_

*I represent that I have the authority to sign this Agreement on behalf of the Customer, and that the Customer and I understand and agree with the terms and conditions of this Agreement:*

Signature: x \_\_\_\_\_  
 (Individual Customer; for a Corporate a Entity or Partnership, signature must be by its Owner or Authorized Agent)

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

**ATTACH the 2 items below to this APPLICATION:**

**(1) Security Deposit:** Amount is based on size of water meter: (5/8"=\$100.) (3/4"=\$150.) (1"=\$250.) (1 1/2"= \$500.)  
 For more information call Rebeca Rubio512-858-4725 or refer to Wastewater Rate Ordinance on our web site: [cityofdrippingsprings.com](http://cityofdrippingsprings.com)

**(2) Water Service Customer Detail Report:** Call D.S. Water Supply Corp. at 512-858-7897 to get a copy of the *Customer Detail Report* and to get any information on your water acct #, and meter size.

\*\*\*\*\*For Office Use\*\*\*\*\*

Number of LUEs \_\_\_\_\_ WW Acct # \_\_\_\_\_

Deposit Amt. Rec'd \_\_\_\_\_ Ck # \_\_\_\_\_ Date Paid \_\_\_\_\_ Customer Detail Report Rec'd \_\_\_\_\_ Rec'd by \_\_\_\_\_  
 City Representative Initial

Comments: \_\_\_\_\_

Questions about payments or Wastewater account should be directed to City Hall with Rebeca Rubio at 512-858-4725  
 or PGMS office 512-894-3322

Make checks payable to: *City of Dripping Springs*

Mail or take payments to office of: PGMS 26550 RR 12, Suite #1, Dripping Springs, TX 78620