



**SOLID WASTE COLLECTION SERVICE AGREEMENT**

**1102 Lohmans Crossing, Lakeway, TX 78734 Phone (512) 314-7514 Email: solidwasteclerk@lakeway-tx.gov**

Please submit a copy of the front of your Driver's License with this form.

Primary Applicant Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Secondary Applicant Name: \_\_\_\_\_ Date Service to Start: \_\_\_\_\_

Service Address: \_\_\_\_\_  
Street City State/Zip Code

Mailing Address: \_\_\_\_\_  
(if different) Street City State/Zip Code

Cell Phone: \_\_\_\_\_ Secondary Cell Phone: \_\_\_\_\_

Landline: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

I would like to receive my quarterly bill by: \_\_\_\_\_ Email \_\_\_\_\_ Paper Mail

I would like to request my account to be confidential: \_\_\_\_\_ yes \_\_\_\_\_ no

I would like to receive the monthly Activity Center updates on free events, classes and Parks & Recreation activities in Lakeway: \_\_\_\_\_ yes \_\_\_\_\_ no

I would like to receive city news flash and meeting/event calendar notifications by email: \_\_\_\_\_ yes \_\_\_\_\_ no

I would like to sign up to receive emergency text alerts using the cell number(s) provided: \_\_\_\_\_ yes \_\_\_\_\_ no

Is this address \_\_\_\_\_ Owned \_\_\_\_\_ Rental - If rental, name/phone # for landlord: \_\_\_\_\_

**AGREEMENT**

The undersigned (hereinafter called the 'Applicant') hereby makes application for and agrees to take from the City of Lakeway the service covered by this application at the address given above, agrees to pay a deposit of \$75.00 which is refundable in the form of a credit to the account after four consecutive timely remittances onto the account, and agrees on or before the twentieth (20th) day of billing, to pay the City, at its office, for such service furnished Applicant during the period for which said billing is rendered, according to the amount thereof as established by, and in accordance with, the standard rates of the City as from time to time established for such class of service. Failure to remit by the end of the second (2<sup>nd</sup>) month of the billing cycle will result in the forfeiture of the deposit to apply toward the past due amount.

The City makes reasonable provisions to insure satisfactory and continuous service, but it does not guarantee continuous service if Applicant does not adhere to said agreement.

The Applicant agrees that this application and agreement is subject to all City Ordinances and Regulations covering the services mentioned, and that such Ordinances and Regulations are a part of this agreement.

Applicant agrees that if payment is not received after six (6) months (2 quarterly statement cycles) that the said account services will no longer be rendered and the account will be sent to a collection agency for collection. The processing fee of 25% of the past due total amount will be the responsibility of Applicant, and processed and paid directly to the collection agency. Once Applicant has been cleared through the collection agency, Solid Waste services will be restarted upon receipt of the thirty dollar (\$30.00) re-start fee and a new \$75 deposit.

Primary Applicant: \_\_\_\_\_ Secondary Applicant: \_\_\_\_\_

-----OFFICE USE ONLY-----

Account Number: \_\_\_\_\_ Signature of Solid Waste Dept: \_\_\_\_\_

\$75 Deposit Paid on \_\_\_\_\_ (date) with cc \_\_\_\_\_ check # \_\_\_\_\_ cash \_\_\_\_\_ Rec'd by: \_\_\_\_\_

OFFICE: DELIVER: **Trash Recycle** **AUTO PAY** \_\_\_\_\_ **BILLED** \_\_\_\_\_ **QUAD** \_\_\_\_\_