



LOCATION MAP

SCALE : 1" = 2000'

CITY OF MISSION, TEXAS
Authorization for billing of Sewer Services

DATE: _____ **METER NUMBER:** _____

NAME: _____

SERVICE ADDRESS: _____

SUBDIVISION: _____ **LOT NUMBER:** _____

MAILING ADDRESS: _____

I/we _____, agree to pay monthly sanitary sewer service fees, reconnect fees and all other charges set out in the Sharyland Water Supply Corporation's tariff, to the City of Mission through the Sharyland Water Supply Corporation office. If I/we fail to pay the monthly fees for sanitary sewer service, I/we authorize and agree to allow Sharyland Water Supply Corporation to disconnect my/our water meter and to withhold water service until all amounts due for water service, sanitary sewer service, as well as all re-connect fees and all other charges set out in the Sharyland Water Supply Corporation's tariff and established by the City of Mission Ordinance, for my/our accounts are paid in full.

WRITTEN NAME: _____

SIGNATURE: _____ **DATE:** _____

CONTACTED BY: _____ **DATE:** _____

(For use by the City of Mission Utility Billing Department)

The City of Mission Utility Billing Department requests that Sharyland Water Supply Corporation begin charging the above location for:

Sanitary Sewer Services **Garbage Collection Services,**

at the rates established by ordinance of the City of Mission. Charges are to begin effective _____ and will continue to be billed monthly until customer terminates water services with Sharyland Water Supply Corporation.

AUTHORIZED BY: _____ **DATE:** _____