

WELCOME TO THE CITY OF COMANCHE

101 E. Grand Ave.
Comanche, Texas 76442

Mary A. Boyd – Mayor
cityhall@comanchetexas.gov

Phone 325-356-2616
Fax 325-356-2137

Your new address: _____

Office Use Only: Your garbage day will be	Monday	Tuesday	Wednesday
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Office Use: Account Number

All new residential water, sewer, and garbage accounts require the following BEFORE connection:

- Copy of driver license or government issued identification
- \$150.00 deposit for residential services
- Completed Service Agreement

If you need to email any paperwork, please email to cityhall@comanche.tx.us. Water services can be turned on the same day if received by 3:00 p.m., pending no issues.

Comanche City Hall offers multiple payment options!

- In person/drive-thru Monday through Friday 8:00 a.m.- 5:00 p.m., excluding holidays
- Online at www.cityofcomanchetx.net
- By phone at 1-888-291-0898
- By mail
- Drive by drop box at City Hall

Other Services Offered:

Chipper Service is available for \$30.00 per 30 minutes, prepaid. Forms for this service are available at City Hall.

Bulk Trash pickup is every Thursday. You may place up to two extra bags and one bulk item for pick up. Examples of a bulk item would be a mattress, television, chair, box of junk, etc. One securely tied under 4' long and under 50-pound tree trimming bundle may be put out as your bulk item. No construction waste, freezers, water heaters, a/c units, refrigerators, or tires are permitted for bulk pickup. All items must be placed in the location you normally place your poly cart no later than 7:00 a.m. on Thursday. Bulk pickup is only available to residential customer accounts. Your poly cart will NOT be emptied at this time, ONLY on your regularly scheduled trash day. YOU MUST CALL CITY HALL AT (325) 356-2616 TO SCHEDULE BULK PICKUP.

Power To Choose – Electricity	https://powertochoose.org
Atmos – Gas	1-866-222-7100
Frontier Communications – Phone/Internet	1-800-921-8101
Totalcom – Internet	1-254-893-1000
Comanche Police Department	325-356-3074
Comanche Police Dept. after 5:00pm	325-356-2222
Comanche County Consolidated Hospital	254-879-4900
Comanche Chamber of Commerce	325-356-3233
Emergencies	911

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Residential Service Agreement for Water, Sewer, and Garbage Service

Please print clearly, thank you!

Office Use: Account Number

Applicant Name: (Last) _____ (First) _____ (M/I) _____

Driver License number: _____ DL Issued by: _____ Date of Birth: ____/____/____

Gender (Circle one): M F Race (Circle one): White Hispanic Other: _____ Ethnicity: _____

Service Address: _____

Mailing Address: _____ City: _____ State: _____ Zip Code: _____

Phone Number: _____ Alternate Phone Number: _____

Email Address: _____

Authorized Additional Contact: (Last) _____ (First) _____ (M/I) _____

Phone Number: _____ Alternate Phone Number: _____

Circle one: Owner/Buyer - Realtor - Landlord - Leasing/Leaser - Renting/Tenant

If Renting/Leasing Owner: _____ Phone _____

How would you like to receive your utility billing/notice: Email-paperless Mail-paper

Updates regarding your utility billing notices by (circle choices) text / email / phone alerts? Yes - No

Date of Application: _____ Enroll in ACH Draft: Yes - No

Start Date for Water, Sewer, Garbage Service: _____ Time: _____

Comanche Volunteer Fire Dept. Donation by Adding \$2.00 to monthly bill: _____ 6 mo minimum _____ No

Residential Deposit: \$150.00 Transfer of Services Fee: \$30.00 Cash Check Credit/Debit Card

Transfer of Services – complete if moving from one address in the city limits to another in the city limits:

From address: _____

Number of Ploy Carts to be picked up: 1 2 3 Dumpster to be picked up: Yes No

Office Use: Account Number transferring from -

Terms and Conditions:

All bills for water services rendered by the City of Comanche, Texas, shall be billed regularly. If the bill is not paid by 5:00pm on the due date, a 10% late penalty shall be assessed. All accounts having a balance at 5:00pm 11 days after the due date shall be disconnected and a \$50.00 service fee added. If the above referenced dates fall on a weekend or holiday, payment is required by 5:00pm of the following working day. All arrears, including fees, must be paid in full prior to reconnection.

Signature: _____ Date: ____/____/____

Office Use: Entered by _____ Date / /

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Water/Sewer Service Agreement

WATER/SEWER SERVICE AGREEMENT:

Office Use: Account Number

I. PURPOSE. The City of Comanche is responsible for protecting the drinking water supply from contamination or pollution which could result from improper private water distribution system construction or configuration. The purpose of this service agreement is to notify each customer of the restrictions which are in place to provide this protection. The utility enforces these restrictions to ensure the public health and welfare. Each customer must sign this agreement before the City of Comanche will begin service. In addition, when service to an existing connection has been suspended or terminated, the water system will not re-establish service unless it has a signed copy of this agreement.

II. RESTRICTIONS. The following unacceptable practices are prohibited by State regulations. A. No direct connection between the public drinking water supply and a potential source of contamination is permitted. Potential sources of contamination shall be isolated from the public water system by an airgap or an appropriate backflow prevention device. B. No cross-connection between the public drinking water supply and a private water system is permitted. These potential threats to the public drinking water supply shall be eliminated at the service connection by the installation of an airgap or a reduced pressure-zone backflow prevention device. C. No connection which allows water to be returned to the public drinking water supply is permitted. D. No pipe or pipe fitting which contains more than 0.25% lead may be used for the installation or repair of plumbing at any connection which provides water for human use. E. No solder or flux which contains more than 0.2% lead can be used for the installation or repair of plumbing at any connection which provides water for human use.

III. SERVICE AGREEMENT. The following are the terms of the service agreement between the City of Comanche (the Water System) and _____ (the Customer).

PRINT: Last Name

First Name

Middle Initial

A. The Water System will maintain a copy of this agreement as long as the Customer and/or the premises is connected to the Water System.

B. The Customer shall allow his property to be inspected for possible cross-connections and other potential contamination hazards. These inspections shall be conducted by the Water System or its designated agent prior to initiating new water service; when there is reason to believe that cross-connections or other potential contamination hazards exist; or after any major changes to the private water distribution facilities. The inspections shall be conducted during the Water System's normal business hours.

C. The Water System shall notify the Customer in writing of any cross-connection or other potential contamination hazard which has been identified during the initial inspection or the periodic reinspection.

D. The Customer shall immediately remove or adequately isolate any potential cross-connections or other potential contamination hazards on his premises.

E. The Customer shall, at his expense, properly install, test, and maintain any backflow prevention device required by the Water System. Copies of all testing and maintenance records shall be provided to the Water System.

IV. ENFORCEMENT. If the Customer fails to comply with the terms of the Service Agreement, the City of Comanche shall, at its option, either terminate service or properly install, test, and maintain an appropriate backflow prevention device at the service connection. Any expenses associated with the enforcement of this agreement shall be billed to the Customer.

Applicant's Signature: _____

Date: ____/____/____

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Poly Cart Request - Residential

Please print clearly, thank you!

Date: ____/____/____

Office Use: Account Number

Applicant Name: (Last) _____ (First) _____ (M/I) _____

Service Address: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Alternate Phone Number: _____

Currently has _____ Poly Cart(s).

Pick up _____ Poly Cart(s).

Deliver _____ Poly Cart(s).

Initial Selection

Residential	1 Poly Cart	\$20.30 + tax	
Residential	2 Poly Carts	\$33.96 + tax	
Residential	3 Poly Carts	\$47.62 + tax	

Signature of Applicant: _____ Date: ____/____/____

Office Use: Entered by

Date / /