



**NEW SOLID WASTE ONLY SERVICES APPLICATION
FOR RESIDENTIAL OUT-OF-DISTRICT CUSTOMERS
WITHIN THE CITY OF DICKINSON**
(effective November 1, 2023)

Residents within the City Dickinson that are located outside of the district service boundary will need to set up a solid waste only services account with WCID #1 in order to receive solid waste collection. A 96-gallon cart will be delivered to the service address after your account is set up. For information about Solid Waste services, please call (281) 337-1576 or e-mail customerservice@gcwcid1tx.gov.

Along with application you will need:

- Proof of Ownership or Lease Agreement
- Photo Identification
- Deposit of \$75.00 per Unit

NEW SOLID WASTE ONLY SERVICES APPLICATION FOR GALVESTON COUNTY WCID NO. 1

2750 FM 517 Road East
P. O. Box 307
Dickinson, TX 77539
Phone: (281) 337-1576

Account No.: _____
Amount of Deposit:/Receipt: _____ / _____
Delivery Date of Cart: _____

ALL BLANKS MUST BE COMPLETED BEFORE APPLICATION WILL BE ACCEPTED.

APPLICANT INFORMATION:

Date Requested: _____

Full Name of Applicant: _____ TX ID or TDL: _____

Service Address: _____ City & Zip Code: _____

Billing Address if Different: _____ City & Zip Code: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Customer Email Address: _____

If a second adult will reside in same household, and WILL BE RESPONSIBLE FOR ACCOUNT, please fill in the following information: Please note, this person must supply a copy of ID and will be granted all rights and responsibilities of primary applicant.

CO-APPLICANT INFORMATION:

Full Name of Spouse or Responsible Adult: _____ TX ID or TDL: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Co-Applicant Email Address: _____

PROPERTY INFORMATION:

Do you own this property? _____ Are you the Home Builder, Landlord or the Resident? _____

If Renting or Leasing, Landlord's Name: _____ Daytime Phone: _____

Have you ever had water service in Dickinson before? _____ If YES, at what address and name was the service listed?

PAPERLESS BILLING:

The Water District will provide paperless billing to all customers unless the customer specifically requests for a hard copy utility bill to be mailed through the U.S. Postal Service. Please note that the Water District is not responsible for U.S. Postal Service delays.

YES, I request to receive a hard copy utility bill in lieu of paperless billing: _____
(Signature)

AUTOMATIC BILL PAYMENT THROUGH BANK DRAFTING OPTION:

Automatic bill payment service is available through bank drafting from a checking account by completing the attached form.

GARBAGE:

Customers within the Water District or within the City limits of Dickinson will be provided garbage service by AmeriWaste at a rate set out in the Water District’s Rate Ordinance. To establish recycling service, please contact AmeriWaste at 281-585-3200. You will be billed for recycling service directly through AmeriWaste.

SENIOR CITIZEN LATE FEE WAIVER:

If the person applying for service for their primary residence is age 60 or over, they are given 25 days to pay their garbage bill without late fee penalties.

YES, I am 60+ years old and request late fee penalties waived: _____
(Signature)

MANDATORY CONFIDENTIALITY:

All customer personal information, such as address and phone number, are kept confidential to the individuals listed on the account.

APPLICATION AGREEMENT:

I hereby agree to purchase Solid Waste services at the above address to be furnished at the standard rates and under the terms and conditions of said District as from time-to-time established for such class of service. I understand that there will be a minimum monthly charge whether services are used or not. I agree to abide by all rules and regulations related to solid waste collection put forth by the District. I understand that failure to render payment within the time prescribed on the bill will mean discontinuance of service. Further, if the District incurs additional expenses for past due collection, I agree to pay all cost of collections, including attorney’s fees.

APPLICANT’S SIGNATURE

DATE OF APPLICATION

CO-APPLICANT’S SIGNATURE

DATE OF APPLICATION

Bank Draft Authorization for Water Bill

I (we) hereby authorize Galveston County WCID #1, hereinafter called THE WATER DISTRICT, to initiate debit entries to my (our) checking account. Indicate below the depository name, routing number, and account number to debit. Return Bank drafts are subject to service fees, according to the Water District's Ordinance.

This authority is to remain in full effect until THE WATER DISTRICT has received written notification from me (us) of its termination in such time and in such manner as to afford THE WATER DISTRICT a reasonable opportunity to act on said notification.

BANK NAME _____ CITY _____ STATE _____

BANK ACCOUNT NAME(S) _____

ROUTING NUMBER _____ ACCOUNT NUMBER _____

WATER ACCOUNT NAME(S) _____

SERVICE ADDRESS _____

WATER ACCOUNT # _____

TELEPHONE NUMBER _____

SIGNATURE _____ DATE _____

IMPORTANT: Please continue to pay bill until you receive a bill that is marked ****BANK DRAFT DATE**** on billing statement below Net Amount Due. When process is in effect, your bill amount will be drafted from your checking account on the billing due date.

Note: *Any changes to bank draft information need to be made at least 7 days prior to the due date of the current bill.*

Note: There will be a \$30.00 fee assessed for any draft declined by your bank.

*****PLEASE ATTACH A VOIDED CHECK FROM YOUR CHECKING ACCOUNT*****