

SOLID WASTE ONLY SERVICE APPLICATION

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

For Office Use:

Account No.: _____

Delivery Date of Cart: _____

INSTRUCTIONS:

Residents within the City of Dickinson that are located outside of the district service boundary will need to set up a solid waste only service 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.

A deposit of \$75.00 per unit is required.

Attach a copy of photo identification and a copy of SIGNED closing disclosure or lease (required).

Complete the application and submit it along with the required documentation by email to customerservice@dickinsonwcidtx.gov or drop in 24-hour drop box located at 2750 FM 517 Rd East, Dickinson, TX 77539.

ALL BLANKS MUST BE COMPLETED BEFORE THE APPLICATION WILL BE ACCEPTED.

APPLICANT INFORMATION:

Date Requested: _____

Full Name of Applicant: _____

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 the same household, and WILL BE RESPONSIBLE FOR THE ACCOUNT, please fill in the following information. Please note, this person must provide a photo ID and will be granted all rights and responsibilities of the primary applicant.

CO-APPLICANT INFORMATION:

Full Name of Spouse or Responsible Adult: _____

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? (circle one)

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.

Check one or both.

☐ Paperless

☐ Paper bill

AUTOMATIC BILL PAYMENT THROUGH PAYMENT PORTAL OPTION:

Automatic bill payment service is available through our payment portal.

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. The deposit will be held until Applicant discontinues service to guarantee the payment of bill of whatever nature that may be due. When services have been discontinued, the deposit will be applied to the final bill. If any deposit, greater than \$2.00 is left, it will be refunded. I understand that failure to render payment within time prescribed on the bill will mean discontinuance of service. Further, if the District incurs additional expenses for past due collections, I agree to pay all costs of collections.

APPLICANT'S SIGNATURE

DATE OF APPLICATION

CO-APPLICANT'S SIGNATURE

DATE OF APPLICATION