



16318 Great Oaks Drive • Round Rock, Texas 78681

Phone (512) 255-7871 • FAX (888) 843-7326

Email: [CustomerService@bcmud.org](mailto:CustomerService@bcmud.org) • Website: [www.bcmud.org](http://www.bcmud.org)

## SERVICE REQUEST

### Utilities

#### Applicant Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 DL#/Tax ID: \_\_\_\_\_ St: \_\_\_\_\_ Email: \_\_\_\_\_  
 Main Phone: \_\_\_\_\_ Hm Wk Cell Alt. Phone: \_\_\_\_\_ Hm Wk Cell

Please indicate property type: \_\_\_\_\_

#### Service Request Information

New  Transfer\*  Final Service Request Date: \_\_\_\_\_  
\*Please Note – Transfer is to be used if you currently have service with BCMUD and are moving to another property within our service area.

Have you previously been a resident of Brushy Creek MUD?  Yes  No

Service Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Billing Address (Same as Above)  Billing Address (Below)  Forwarding Address (Below)

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

#### Authorized Account Individuals

Name: \_\_\_\_\_ Hm Wk Cell \_\_\_\_\_  
 Name: \_\_\_\_\_ Hm Wk Cell \_\_\_\_\_  
 Name: \_\_\_\_\_ Hm Wk Cell \_\_\_\_\_

#### Privacy Act

The District is obligated under the Texas Open Records Act to give out personal and private information on customers (such as name, address, telephone number, social security, etc.). Under the act this information is accessible to salesman, bill collectors, disgruntled spouses, telephone solicitors, junk mail listing or anyone else that may want to know about you and your account. If you DO NOT want any information given out regarding you or your account, please initial below.

I (we) request that under the Privacy Act, the District not release any information. Initials: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please Note – Request made will be processed twenty four (24) hours after contact by BCMUD and payment (deposit / Admin Fee) is made. Service request can only be made Monday – Friday's except for holiday's and extenuating circumstances.

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 For Staff Use Only

Received By: \_\_\_\_\_ Date: \_\_\_\_\_  Standard 5/8" Meter Deposit + \$30 Admin Fee (\$130)  
 Receipt #: \_\_\_\_\_ Work Order #: \_\_\_\_\_  3/4" Meter Deposit + \$30 Admin Fee (\$180)  
 Payment Type  Cash  Check \_\_\_\_\_  Credit Card  \_\_\_\_\_" Meter Deposit + \$30 Admin Fee (\_\_\_\_)  
 Account # \_\_\_\_\_  Transfer Fee \$30



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## SOLID WASTE / RECYCLE REQUEST Utilities

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Account: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

### Check All That Apply

**Solid Waste Cart:**     Order Standard             Order Additional            **Quantity Requesting**  
                                   Remove Standard \*         Remove Additional            \_\_\_\_\_

**Recycle Bin:**             Order                                    **Quantity Requesting:**  
                                   Remove                                    \_\_\_\_\_

### Reasons for removal

Vacant Property                     Seasonal Resident(s)         Billed for recycling / Never Requested  
 Other \_\_\_\_\_

**Please note the following:**

- Each additional cart or bin (not including standard solid waste cart), will incur an additional charge per month.
- Existing services will be charged to the new resident as the prior account holder had set unless a written request is made.
- \*Removal of standard solid waste cart requires approval. Solid waste carts must be left at curb for removal.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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 For Office Use Only

Received By: \_\_\_\_\_ Date: \_\_\_\_\_

Forwarded By: \_\_\_\_\_ Date: \_\_\_\_\_

No Action Taken

\*Standard Garbage Cart Removal

Manager Approval: \_\_\_\_\_ Date: \_\_\_\_\_