



16318 Great Oaks Drive • Round Rock, Texas 78681

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

Email: CustomerService@bcmud.org • Website: 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: _____