



**City of McLendon-Chisholm**  
**1371 West FM 550, McLendon-Chisholm, TX 75032**  
**972-524-2077; fax 972-524-9128**

**Application for Sanitary Sewer (Waste) Services**

**Connection**       **Disconnection**       **Update Account**

**EFFECTIVE DATE:** \_\_\_\_\_

Property Owner Name: \_\_\_\_\_

Street Address: \_\_\_\_\_, McLendon-Chisholm, Texas 75032

Mailing Address (if different): \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Other: \_\_\_\_\_ Email Address: \_\_\_\_\_

Driver's License Number/State: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Forward or Billing Information**

Name: \_\_\_\_\_ Title \_\_\_\_\_

Address: \_\_\_\_\_

**FEES and DEPOSITS:** Make check payable to the "City of McLendon-Chisholm."

- **BUILDERS:** \$3,000 Sewer Tap Fee due prior to issuance of Building Permit.
- **RESIDENTS:** \$125 Deposit is due upon closing. Mail application and check to:  
**Severn Trent**  
**9550 Helms Trail, Suite 800**  
**Forney, TX 75126.**

**I HAVE CAREFULLY READ THE COMPLETED APPLICATION AND KNOW THE SAME IS TRUE AND CORRECT AND HEREBY AGREE THAT IF THE SERVICES ARE CONNECTED, I WILL COMPLY WITH ALL PROVISIONS OF THE CITY OF McLENDON-CHISHOLM AND APPLICABLE STATE LAWS. I ACCEPT RESPONSIBILITY FOR PAYMENT FOR ALL FEES OR CHARGES AND ANY CIVIL ACTION THAT MAY RESULT FROM FAILURE TO DO SO.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date Submitted

