How to Submit a New Service Request or Termination Request using Citizen Self Service



From the home page, you will click on "Log In"



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Sign in to community access services for City of Allen, TX. G Sign in with Google Sign in with Apple Sign in with Microsoft Sign in with Facebook OR Email address Keep me signed in Next Unlock account? <u>Help</u> Create an account

<u>FOR NEW CUSTOMERS</u> <u>AND FIRST TIME USERS:</u> You will need to click on "Create an Account"



Email	
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First nam	e
Last nam	e
Mobile pl	hone Optior
Password	1
	0
Password	requirements:
• At leas	at 8 characters
<ul> <li>A lowe</li> </ul>	ercase letter
An upp	percase letter
A num	ber
	ts of your username
<ul> <li>No par</li> <li>Passwith</li> </ul>	
<ul> <li>No par</li> <li>Passweigen</li> </ul>	ords
<ul> <li>No par</li> <li>Passweigen</li> </ul>	ords

Fill in the boxes with the requested information to create your online account. Click on "Sign Up" when finished.



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CTTY OF ALLEN				θ
Utility Billing				
Account Number *				Home
Customer ID *				Citizen Self Service
	□ Remember these values			Utility Billing
		Now, you will click on "Servi	ice Requests"	Accounts
	Search Reset	to start a new service or ter	minate an	Service Requests
		existing service.		Contact Us

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CITY OF ALLEN															Θ
Utility Billin Service Reques Click on the link b	<b>19</b> s <b>ts</b> below to start, stop, or	transfer Utility S	Services for the City of Alle	n. Please note this	s is intended for	NON-EMERGENC	CY requests. If	f there is an em	ergency the	n please contact Cu	stomer Servi	ce at 214-509-4530	Э.	Home Citizen Self Sen	ice
Submit new requ	uest Search	existing reque	st											Utility Billing	
Start Request	Request Daytime	ID *												Accounts Service Req	uests
		s On this	page you v	vill click	« "Start	Reque	st"							Contact Us	

Utility Billing Service Requests		
Step 1 of 3: Enter contac This form is not for reporting en	t information nergencies.	Step 1 2 3
Name *		
Mailing Address *		
City *		
State *		
Zip *		
Phone *		
Email *		
Social Security/Tax ID *		
Drivers License # *		
Drivers License State *		
Date of Birth *	MM/DD/YYYY	1
2	Remember me on this compute	r
	Cancel Continue	

Step 1 : Please enter the required contact information. Enter the date of birth in the format as shown (1). **DO NOT** select "Remember me on this computer" if you are using a public computer (2).

Utility Billing Service Requests Step 2 of 3: Enter request deta	ils Step 1 2 3	<ul> <li>Step 2:</li> <li>Select the type of request New Service or Termination of Service.</li> <li>Please fill out the requested information.</li> </ul>
Please attach a copy of the applicants I	Drivers License or Government ID.	Once you fill the requested information click Continue.
Type of request *	New Service Request	
Request date *		
Additional information *	IF NO ADDITIONAL INFORMATION PLEASE TYPE N/A	If your requested start/termination date is not available, please select the next available date on the calendar. In the Additional information field, let us know
Ongoing request? *	O Yes O No	your actual desired date. (Mon-Fri only)
First time reported? *	O Yes O No	
Number of Trash Polycarts *		Disease indicate the number of contents arecent at the bourse
Number of Recycle Polycarts *		Please indicate the number of carts present at the house.
Sign up for automatic payments? *	OYes ONo ◀	Select ves if you wish to set up for bank draft and fill out the required
Service Address		information.
Street number *		
Street name *		
Unit/Apt. type (if applicable)		Here you will fill out the service address
City/Town *		
Attach one or more documents		
Use the Browse button to select a d	ocument to attach. *	You will need to upload your Driver's License or Government
Attachments:	Browse	ID here in PDF format or a Word document ONLY.
	Cancel Back Continue	

Step 3 of 3: Confirm request d	etails Step 1 2 3	
Name	ORTIZ GLADYS	
Mailing Address	123 main st ALLEN . TX 75013	
Phone	2145094561	
Email	GORITZ@CITYOFALLEN.ORG	
Social Security/Tax ID	X000X1111	
Drivers License #	XXXX1111	
Drivers License State	TX	
Date of Birth	01/26/1970	
Type of request	New Service Request	
Request date	1/20/2020	
Additional information	NA	
Ongoing request?	Yes	
First time reported?	Yes	
Number of Trash Polycarts	1	
Number of Recycle Polycarts	1	
Sign up for EFT Automatic Payments?	No	
Service address	123 main st allen	
File Attachment(s)		
Type the following validation code into the box provided * 2	Enter these validation numbers into the box below them 30335 1 By clicking below, I verify that the information on this form is true and correct, and that I am providing my electronic signature. Cancel Back Submit	Validation number

Please review the details of your request and enter the validation number (1). Click on the square to verify all information is correct (2). Click on Submit.



Once your request has been submitted successfully, you will receive this confirmation page, please make note of your *Request ID*. A confirmation message will <u>NOT</u> be sent to your email as stated above. To check the status of your request, you can contact our office via email or phone. You are <u>NOT</u> able to check the status through the portal as stated above.

You will receive a "Welcome Packet" via email when your request is processed, on or around your selected start date.