



CITY OF FULSHEAR

PO BOX 1134 / 29255 FM 1093 #12-A

FULSHEAR, TX. 77441

www.fulsheartexas.gov

Residential Utility Service Request Form

(PLEASE PRINT in Blue or Black Ink)

Date: ____/____/____

Date for Service to Begin: ____/____/____

Responsible Party Name: _____
Last First M.I.

Physical/Service Address: _____
Street

City State Zip Code

Mailing/Billing Address: _____
(If Different Than Above) Street

City State Zip Code

Primary Phone: (____) _____ - _____ Alternate Phone: (____) _____ - _____

Driver's License #: _____ SSN# _____

Email Address: _____

Property Occupancy Information: Please place check mark in boxes that pertain to your service.

Needs trash/recycle bins or	<input type="checkbox"/>	Non City Limit Residence:
Has trash/recycle bins	<input type="checkbox"/>	Rent *Property Owner's Name:

***Customers outside City's corporate limits shall be charged 1 1/2 times that charged to customers located inside the City's corporate limits by City Ordinance No. 05-930, Section 2.16.**

Previous Services issued within City of Fulshear?

- No
- Yes Address: _____

***Please note: Proof of ownership is required (i.e. title document, warranty deed, signed closing disclosure or signed HUD 1 Settlement Statement) There is a \$50 deposit required to activate residential accounts. A copy of a government issued, photo ID (i.e. TX Driver's License, passport) or your Social Security Number is required to be on file to process your request.**

X _____
Responsible Party Signature Date

For Office Use Only:

Date Received: ____/____/____ by: _____ In Person ____ By Mail/Fax ____

Deposit Amount: \$ _____ Receipt #: _____ UB Acct # Assigned: _____ - _____ - _____