



# CITY OF FULSHEAR

PO BOX 1134 / 29255 FM 1093 #12-A

FULSHEAR, TX. 77441

www.fulsheartexas.gov

281-346-8830

## Commercial Utility Service Request Form

(PLEASE PRINT in Blue or Black Ink)

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date for Service to Begin: \_\_\_\_/\_\_\_\_/\_\_\_\_

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Physical/Service Address: \_\_\_\_\_

Street

City

State

Zip Code

Mailing/Billing Address: \_\_\_\_\_

(If Different Than Above)

Street

City

State

Zip Code

Primary Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Alternate Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Federal Tax ID # \_\_\_\_\_ Dumpster Size/Carts: \_\_\_\_\_

Property Owner's Name: \_\_\_\_\_

(if you are leasing the property, the City requires a copy of the Lease Agreement to be on file)

**\*Please note: The deposit amount required to activate commercial accounts will vary on meter size. Commercial accounts must provide a copy of their Federal Tax ID number.**

X \_\_\_\_\_  
Responsible Party Signature

\_\_\_\_\_  
Date

### For Office Use Only:

Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_ By: \_\_\_\_\_ In Person \_\_\_\_ By Mail/Fax \_\_\_\_

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