



CITY OF FULSHEAR

PO BOX 1134 / 29378 MCKINNON SUITE A
FULSHEAR, TX. 77406
www.fulsheartexas.gov

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: ____ - ____ - ____