



CITY OF FULSHEAR

DEVELOPMENT SERVICES

PO Box 279 / 29255 FM 1093 #12C

Fulshear, Texas 77441

Phone: 281-346-8860 ~ Fax: 281-346-8237

www.fulsheartexas.gov

APPLICATION FOR RESIDENTIAL IRRIGATION TAP

Date of Application: _____

Subdivision Name: _____

Meter Size (please specify): 3/4" _____ 1" _____ Other _____

Service Address: _____

Lot: _____ Block: _____ Section: _____

Irrigation existing: YES / NO

Billing Information for Monthly Water Bill:

Customer Name: _____

Mailing Address: _____

City/State/Zip: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

I understand that the irrigation tap will be installed within **10 to 15 business days** after payment is received. Once the meter is set it will remain locked until I have the backflow prevention assembly tested. I must hire a backflow prevention assembly certified tester and have the report sent to City of Fulshear at inspections@fulsheartexas.gov.

I HEREBY ACCEPT ALL THE ABOVE CONDITONS AND CERTIFY THAT ALL STATEMENTS HEREIN RECORDED BY ME ARE TRUE.

Signature

Print Name

Phone #

Date

For Office Use Only:

Payment Date: _____

Date Transmitted: _____