



# CITY OF FULSHEAR

PO BOX 1134 / 29255 FM 1093 #12-A

FULSHEAR, TX. 77441

www.fulsheartexas.gov

281-346-8830

## 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.

<b>Needs</b> trash/recycle bins or	<input type="checkbox"/>	Owner of home
<b>Has</b> trash/recycle bins	<input type="checkbox"/>	Rent *Property Owner's Name:

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: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_