



# CITY OF FULSHEAR

## BUILDING 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 UTILITY SERVICES/NEW CONSTRUCTION

Date of Application: \_\_\_\_\_

District: \_\_\_\_\_

Subdivision Name: \_\_\_\_\_

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

Service Address: \_\_\_\_\_

Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Section: \_\_\_\_\_

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#### Billing Information for Monthly Water Bill:

Customer Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

APPLICANT TO ATTACH PLOT PLAN, SHOWING PROPOSED LOCATION OF BUILDING

\*METERS WILL BE INSTALLED 10 TO 15 BUSINESS DAYS AFTER TRANSMITTAL DATE

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Date

#### For Office Use Only:

Tap Order #: \_\_\_\_\_ Location #: \_\_\_\_\_

Payment Date: \_\_\_\_\_ Inspection Date: \_\_\_\_\_ Transmittal Date: \_\_\_\_\_