



CITY OF FULSHEAR

PO BOX 1134 / 30603 FM 1093

FULSHEAR, TX. 77441

www.fulsheartexas.gov

Solid Waste Service Request Form

(PLEASE PRINT in Blue or Black Ink)

Date: ____/____/____

Date for Service to Begin: ____/____/____

Responsible Party Name: _____
Last First M.I.

Company Name (if applicable): _____

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 #: _____ EIN/SSN# _____

Email Address: _____

Property Occupancy Information:

- Needs trash/recycle bins
- Has trash/recycle bins

- Owner of home
- Rent *Property Owner's Name: _____
- Landlord Agreement on File

Previous Services issued within City of Fulshear?

- No
- Yes Address: _____

*Please note: There is a \$50 deposit required to activate residential accounts. A copy of a government issued, photo ID (i.e. TX Driver's License) or your Social Security Number is required to be on file to process your request. There is a \$100 deposit required to activate commercial accounts along with a copy of your Tax ID number.

For Office Use Only:

Date Received: ____/____/____ by: _____ In Person ____ By Mail/Fax ____
(Initials)

Deposit Amount: \$ _____ Receipt #: _____

UB Acct # Assigned: _____ - _____ - _____ Old Acct # _____

Notes: _____