CITY OF FULSHEAR

PO BOX 1134 / 30603 FM 1093
FULSHEAR, TX. 77441
www.fulsheartexas.gov

SUBMIT

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: Please place check mark in boxes that pertain to your service.

Needs trash/recycle bins		Owner of home	
Has trash/recycle bins		Rent *Property Owner's Name:	

Previous Services issued within City of Fulshear?

- o No
- o 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.

X_____ _____
Responsible Party Signature Date

For Office Use Only:

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

Deposit Amount: $ _____ Receipt #: _____ UB Acct # Assigned: _____-_____-____

Notes: _____