



CITY OF FULSHEAR

UTILITY SERVICES DEPARTMENT

PO BOX 1134 / 29255 FM 1093 #12-A

FULSHEAR, TX. 77441

Phone: 281-346-8830 / Fax: 281-346-2556

TEMPORARY STAY OF SERVICE FORM

Name on Account

Account Number

Service Address: _____

Street

City

Zip Code

To City of Fulshear Utility Services Department:

I am requesting a Temporary Stay of Service on my Solid Waste and Recycle Services.

Date Stay of Service Starts: _____.

Description of the need for Stay of Service:

I understand that this temporary stay from my solid waste and recycle billing may only be for 90 days maximum. It is my responsibility to contact City of Fulshear Utility Services Department a week prior to my return to continue service . If after 90 days I have not contacted the Utility Services Department, I understand that the regular billing cycle will reconvene and I will be responsible for paying the amount due.

Account Holder Signature

Date

For Office Use Only:

Date Received: ____ / ____ / ____

By: _____