



CITY OF FULSHEAR

PO BOX 1134 / 29378 MCKINNON SUITE A
FULSHEAR, TX. 77441
www.fulsheartexas.gov

Utility 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 or Commercial Dumpster	<input type="checkbox"/>	Owner of home	<input type="checkbox"/>
Has trash/recycle bins	<input type="checkbox"/>	Rent *Property Owner's Name: (Lease agreement required)	<input type="checkbox"/>

Previous Services issued within City of Fulshear?

- No
- Yes Address: _____

***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, and Water Service Agreement letter, if applicable, are 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. **Remittance address above.**

X _____
Responsible Party Signature

Date

For Office Use Only:

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

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

Notes: _____