



# CITY OF FULSHEAR

PO BOX 1134 / 29255 FM 1093 #12-B  
FULSHEAR, TX. 77441  
www.fulsheartexas.gov

## Residential/Commercial Utility Service Request Form

(PLEASE PRINT in Blue or Black Ink)

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date for Service to Begin: \_\_\_\_/\_\_\_\_/\_\_\_\_

**\*\* Application for new water service must be submitted 24 hrs prior to start date. \*\***

Responsible Party Name: \_\_\_\_\_  
Last, First or Commercial Name

Physical/Service Address: \_\_\_\_\_  
Street

Mailing/Billing Address: \_\_\_\_\_  
(If Different Than Above) Street

City State Zip Code

Primary Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Alternate Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Federal Tax ID # \_\_\_\_\_

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

Property Owner Information: \_\_\_\_\_

\_\_\_\_\_ I am fully aware that there may be water left on or leaks that may cause damage to this address. I will take full (Initial) responsibility for any damages and water usage that may occur to the restoration of my water service.

\_\_\_\_\_ Need Trash/Recycle Carts \_\_\_\_\_ Has Trash/Recycle Carts

**In accordance with the Texas Open Records Act, the City of Fulshear must comply with written request for release of "personal information" regarding utility customer accounts. However, Section 182.054 provides that a government-operated utility may not disclose personal information in a customer's account record if the customer request that the information be kept confidential.**

\_\_\_\_\_ **I give my permission for my account information to be made public.**

\_\_\_\_\_ **I wish for my account information to be kept confidential.**

X \_\_\_\_\_  
Responsible Party Signature Date

\*Please note: Proof of ownership is required (i.e. title document, warranty deed, signed closing disclosure or signed HUD 1 Settlement Statement) There is a \$50 deposit required to activate residential accounts, commercial deposits accounts are determined by meter size. A copy of a government issued, photo ID (i.e. TX Driver's License, passport)  
\*Customers outside City's corporate limits shall be charged 1 1/2 times that charged to customers located inside the City's corporate limits by City Ordinance No. 05-930, Section 2.16.

### For Office Use Only:

Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_ by: \_\_\_\_\_ In Person \_\_\_\_ By Mail/Fax \_\_\_\_

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