



CITY OF FULSHEAR

PO Box 279 /6611 W. Cross Creek Bend Ln
Fulshear, Texas 77441
Phone: 281-346-8860 ~ Fax: 281-346-2556
www.fulsheartexas.gov

APPLICATION FOR COMMERCIAL UTILITY SERVICES

Date of Application: _____

Service Address: _____

Subdivision/Project Name: _____

Lot: _____ Block: _____ Section: _____

Billing Information for Monthly Water Bill:

Customer Name: _____

Mailing Address: _____

City/State/Zip: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

METER TYPE AND SIZES

Domestic Water Meter Size: 3/4" _____ 1" _____ Other _____

Irrigation Meter Size: 3/4" _____ 1" _____ Other _____

****ALL DOMESTIC & IRRIGATION METER SIZES 4" AND UP REQUIRE A VAULT****

Continued on Back



APPLICATION FOR COMMERCIAL UTILITY SERVICES

Fire & Domestic Combination Water Meter Assembly Size: _____

Stand Alone Fire Line Only Meter Size: _____

*****Applicant/Contractor Responsible For Installation of All Required Backflow Prevention Devices*****

*****All Fire Meter Taps will include the City of Fulshear Standard Vault Assembly, Applicant/Contractor is Responsible for installation of any and all Fire Marshal requirements i.e. PIV or FDC *****

NOTES:

- Applicants must attach a PDF utility plan showing proposed location(s) of meters
- Taps will be installed up to 60 business days (weather permitting) after payment has been received

I HEREBY ACCEPT ALL THE ABOVE CONDITIONS AND CERTIFY THAT ALL STATEMENTS HEREIN RECORDED BY ME ARE TRUE.

Signature Printed Name Phone # Date

Payment Date: _____ Payment Amount: _____ Transmittal Date: _____