



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 RESIDENTIAL UTILITY SERVICES/NEW CONSTRUCTION

Date of Application: _____

District: _____

Subdivision Name: _____

Meter Size (please specify): 3/4" _____ 1" _____ Other _____

Service Address: _____

Lot: _____ Block: _____ Section: _____

Billing Information for Monthly Water Bill:

Customer Name: _____

Mailing Address: _____

City/State/Zip: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

APPLICANT TO ATTACH PLOT PLAN, SHOWING PROPOSED LOCATION OF BUILDING

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

Signature	Print Name	Phone #	Date
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For Office Use Only:

Tap Order #: _____ Location #: _____

Payment Date: _____ Inspection Date: _____ Transmittal Date: _____