



CITY OF FULSHEAR

PO Box 1134 / 6611 W. Cross Creek Bend Ln.
Fulshear, Texas 77441
Phone: 281-346-1796
www.fulsheartexas.gov

Change of Account Information
(PLEASE PRINT in Blue or Black Ink)

Date: ____/____/____

Responsible Party Name: _____
Last First M.I.

Physical/Service Address: _____
Street

City State Zip Code

Please make changes to the following information:

○ Responsible Party Name: _____
(Requires proof: DL, Marriage License, Divorce Decree, Death Certificate, etc.)

○ Primary Phone: (____) ____ - _____

Alternate Phone: (____) ____ - _____

○ Email Address: _____

Mailing/Service Address: _____
(Service Request Form Required) Street

City State Zip Code

○ **Discontinue of Bank Draft**
(If changing bank draft information, please submit Automatic Payment Plan Application and a voided check.)

○ **Other:** _____

Extra Trash: _____ **Extra Recycling:** _____

Responsible Party Signature: _____

Account Number: _____ - _____ - _____

For Office Use Only:

Date Received: ____/____/____ by: _____