



CITY OF FULSHEAR
PO BOX 1134 / 6611 W. CROSS CREEK BEND LANE
FULSHEAR, TX. 77441
www.fulsheartexas.gov

Residential/Commercial Utility Service Request Form

Date: ____/____/____

(PLEASE PRINT in Blue or Black Ink)

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 182.052 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: _____ - _____ - _____