

Service Date: _____

Account #: _____

Date: _____



Commercial Application for Water, Sewer, Gas & Garbage

A deposit for utility service is required and **MUST BE PAID** prior to any connections. The minimum amount required for each service type will be collected. Upon termination of service, the deposit is applied to any payment which is due; refunds will be remitted to the named utility depositor. If an account becomes delinquent and is subject to disconnection, an additional deposit may be required. Utility service will not be connected if the applicant or co-applicant owes a delinquent bill. A copy of the applicant and co-applicants driver's license, a copy of the lease or ownership will be required. A one-time connection fee of \$25 will be charged to new services. Gas deposit is \$150 and water deposit is \$150.

Applicant Information			
Name of Business:			
Service of Address:			Type of business:
Mailing address:			
City:	State:	ZIP Code:	
Phone:		Business Phone:	
Federal Tax ID #:	Sole owner of business: <input type="checkbox"/> Yes <input type="checkbox"/> No	Owner's Name:	
Property Owner's Phone Number:		SS # (optional):	
Driver's License #:		DL State:	
If not sole owner of business, please list the other owners:			
Each additional poly-cart is \$6.00 a month. How many additional poly-carts would you prefer?			
Co-owner Information			
Name:			
Current Address:			
City:	State:	ZIP Code:	Phone:
E-mail address:		Date of birth:	SSN (optional):
Driver's License #:		DL State:	
Emergency Contact			
Name:			Phone:
Address:			
City:	State:	ZIP Code:	
Has the applicant or co-applicant had service with the City of Waller before?			
If yes, when?		At what address?	
Name account was under:			
Would you like your utility bill e-mailed to you? *If yes, please provide your e-mail address.			
Would you like your information on your account to be kept confidential? <input type="checkbox"/> Yes <input type="checkbox"/> No			
I understand that the information provided on this application is correct and accurate to my knowledge.			
Signature of owner:			Date:
Signature of co-owner:			Date:

OFFICE USE ONLY	
<input type="checkbox"/> DL	<input type="checkbox"/> Other form of ID _____
<input type="checkbox"/> Check or Money Order (Ck/MO # _____)	<input type="checkbox"/> Received copy of lease <input type="checkbox"/> Received copy of ownership
<input type="checkbox"/> Credit Card	<input type="checkbox"/> Cash Deposit Amt: _____ Receipt #: _____
Services needed: <input type="checkbox"/> Gas <input type="checkbox"/> Water <input type="checkbox"/> Garbage <input type="checkbox"/> Sewer <input type="checkbox"/> Extra poly-cart _____	
Application taken by: _____	