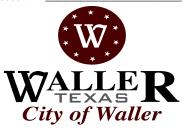
Service Date:	Account #:	Date:



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.

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 busing		iness: ☐ Yes ☐ No Owner's			Name:			
Property Owner's Phone Number:		SS # (optiona	I):					
Driver's License #:		DL State:						
If not sole owner of business, please li	st the other	owners:						
Each additional poly-cart is \$4.00 a me	onth. How r	many addition	onal poly-	-carts would you	u prefer?			
Co-owner Information								
Name:								
Current Address:								
City:	State:				ZIP Code	e:	Phone:	
E-mail address:			Date of	f birth:	SSN		optional):	
Driver's License #:			DL Sta	te:				
Emergency Contact								
Name:					Phone:			
Address:								
City:	State:					ZIP Code	:	
Has the applicant or co-applicant had	service with	n the City of	Waller b	efore?				
If yes, when?		At what a	ddress?					
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? \square Yes \square 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							
□ DL	☐ Other form of ID	Received	copy of lease \square Re	eceived copy of ownership			
☐ Check or Money (Order (Ck/MO #) \square Credit Card \square Cash	Deposit Amt:	Receipt #:			
Services needed: □ Gas □ Water □ Garbage □ Sewer □ Extra poly-cart							
Application taken by:							