



CITY OF TOMBALL
COMERCIAL UTILITY SERVICE APPLICATION

Your account will be confidential unless otherwise noted.
____ (Please initial) I do not want my account information to remain confidential.

Date to Start Service: _____

Account No.: _____
Will be issued by City of Tomball

Service Address: _____

Applicant Information:

Name of Applicant/Business: _____

Name of Person Responsible: _____ Position _____

Mailing Address: _____ Suite No. _____

City: _____ State: _____ Zip: _____

Business Phone: _____ Fax: _____ Alt. No. _____

Identification:

Federal Id No.: _____ Social Security # _____

Drivers License No.: _____ State: _____

Garbage (Please specify type of garbage to be used):

Polycart _____ Qty. _____ Number of pick ups per week: _____
Dumpster _____ Size: _____ Roll-off _____ Size: _____

Signed

Date

For Office Use Only:

Deposit Amount/ Deed: _____ Deposit Receipt No.: _____

Type of service: ___ Water ___ Gas ___ Sewer ___ Garbage

Application Taken By: _____