



CITY OF SEALY, TEXAS
APPLICATION FOR COMMERCIAL/MULTI-FAMILY UTILITY SERVICE

Application Date: _____ When would you like utility services to start? Date: _____

Business Name: _____

Service Address: _____

Billing Address: _____

Business Phone Number: _____ Fax Number: _____

Business Email: _____ Federal Tax ID #: _____

Anticipated Opening Date: _____ Anticipated Hours of Operation: _____

Type of Business (please be specific and list all activities.): _____

Business Owner: _____ Owner DL or ID: _____

Owner Address: _____

Owner SSN: _____ Owner Date of Birth: _____

Owner Phone Number: _____ Owner Email: _____

On-Site Contact Person: _____ Contact Phone: _____

Contact Email: _____

Own

Rent Current Property Owners Name/Address _____

Phone: _____

PLEASE BE AWARE THAT WHEN THIS APPLICATION IS COMPLETED, THE DEPOSIT IS RECEIVED AND METERS ARE TURNED ON, UTILITY BILLING WILL BEGIN IMMEDIATELY. YOU WILL RECEIVE A UTILITY BILL FOR AT LEAST THE MINIMUM AMOUNT CHARGED FOR EACH SERVICE PLUS CONSUMPTION WHETHER OR NOT THE PROPERTY IS OCCUPIED. IF THIS IS NOT YOUR UNDERSTANDING, PLEASE DISCUSS THIS MATTER WITH YOUR LANDLORD OR BUILDER BEFORE REQUESTING UTILITY SERVICE IN YOUR NAME.

Applicant's Signature _____ Date: _____