



City of Friendswood

P.O. Box 1286

Friendswood, TX 77549

Email: waterbill@friendswood.com fax: 281-482-6491

Commercial Service Application for Utility Services

Office Use Only	
Account No _____	Deposit _____
Clerk Initials _____	Date Received _____

DEPOSIT: \$250.00 single units

Service Start Date _____

Name of Business _____

Service Street Address _____ Zip Code _____

Billing Address (if different than service address) _____

City _____ State _____ Zip Code _____

Type of Business _____

Business Phone No. (____) _____ Email _____

Owner/Manager _____ Driver's License _____ State _____

Owner/Manager DOB ____ / ____ / ____ Owner/Manager SS# _____

Own _____ Name on Proof of Ownership _____

Lease _____ Name on Lease _____

I, the undersigned, do hereby understand the attached terms and conditions and accept and take full personal civil liability and responsibility for any delinquent utility bills due the City of Friendswood for services provided at the above mentioned address.	
Owner Signature _____	Date _____
On Behalf of Corporation Signature _____	Date _____

Person to contact in case of an emergency (in case we need to notify someone of a water issue):

Name _____ Phone No. (____) _____