



Date checked ___/___/___

Checked by _____

COMMERCIAL APPLICATION FOR UTILITY SERVICES

Date: ___/___/___

Start Date: ___/___/___

Service Address: _____

Company Name: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Tax ID _____

Billing Contact Person: _____

Billing Phone Number: (_____) _____ - _____

Email Address: _____

Pursuant to House Bill 859 wherein a government-operated utility may not disclose a customer's personal information (i.e. phone number, social security number, or forwarding address), please indicate below if you desire for this information to be kept confidential.

DO YOU WISH TO RECEIVE YOUR BILL ELECTRONICALLY? YES _____ NO _____
(By selecting YES you will not receive a paper copy of your bill)

DO YOU WANT YOUR RECORDS KEPT CONFIDENTIAL? YES _____ NO _____

I understand that if a payment is made after the due date, there is a 10% penalty added to the account. I understand that if service is disconnected for any reason, an additional deposit will be required equal to one-sixth of the last twelve months billings. I understand that the \$15.00 SERVICE CHARGE will be on my 1st bill. I understand that I will be billed for a deposit of \$75.00.

Print Name: _____

Signature: _____

(For Office Use Only)

ACCOUNT # _____

Date processed _____

Deposit paid \$ _____

Indemnity Waiver Rec'd _____

W/O # _____

Receipt # _____

To be billed-Deposit: _____

To be billed-Service fee: _____

Completed by: _____



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Indemnity Waiver

I, _____, do hereby waive my right to be present during the time in which the Town of Flower Mound shall commence water meter connections for the address commonly known as _____. I hereby indemnify and hold harmless the Town of Flower Mound, its agents and employees from and against any and all claims, damages, losses and/or expenses, including, but not limited to, attorney's fees arising out of or resulting from any negligent performance of water connections services on the property referenced herein.

Signed this _____ day of _____, 20 ____.

Signature: _____

Please return completed application and waiver to our office in the Town Hall Building at:

2121 Cross Timbers Road

Or

Email – utilitybilling@flower-mound.com

If time permits you may mail in application, waiver, deposit and a good copy of your Tax ID to:

**Town of Flower Mound
2121 Cross Timbers Road
Attn: Utility Billing
Flower Mound, TX 75028**

Be aware that the waiver is so that the Town of Flower Mound employees can turn the service on without anyone being present. It is in your best interest to ensure that all faucets, both inside and out, have been shut off completely. Otherwise the Town of Flower Mound employees will have to disconnect the service due to water running and a delay in connection will be unavoidable.

Unless we receive all the needed information we cannot begin your water service.