



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: \_\_\_\_\_

House Bill 872 prohibits a government-operated utility from disclosing a customer's personal information (defined as an individual's address, telephone number, social security number) as well as information relating to the volume or units of utility usage or the amounts billed to or collected from the customer unless the customer requests that the information be disclosed. Therefore, please indicate below if you desire for this information to be disclosed to the public.

DO YOU WANT YOUR RECORDS RELEASED? YES \_\_\_\_\_ NO \_\_\_\_\_

DO YOU WISH TO RECEIVE YOUR BILL ELECTRONICALLY? YES \_\_\_\_\_ NO \_\_\_\_\_

(By selecting YES you will not receive a paper copy of your bill)

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 1<sup>st</sup> 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: \_\_\_\_\_

2121 Cross Timbers Rd \* Flower Mound, Tx 75028 \* Office 972/874-6010 \* Fax 972-874-6491 \* TDD 1-800-RELAY-TX

Email: [utilitybilling@flower-mound.com](mailto:utilitybilling@flower-mound.com)



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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](mailto: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.