



# Commercial Utility Service Application

Account Number: \_\_\_\_\_

## Applicant Information

Business Name:

Tax ID:

## Contact Information:

Contact Name:

Phone Number:

Driver's License/State:

Email:

## Add New Service Location Information

(check all that apply)

☐

New  
Account

☐

Irrigation  
Account

☐

Transfer  
Account

☐

Rent

☐

Own

Service Address:

Mailing Address:

(If different from above)

### If Renting:

### If Transferring:

\*A \$25.00 service fee will be added to the new account. \*

Landlord Name:

Previous Account Number

Landlord Phone Number:

Date to terminate previous account:

Landlord Address:

## Trash Services

\*Please note that trash services are \$32.96 plus tax which includes one poly cart. Additional poly carts are \$7.30 plus tax and will be added to your monthly bill. \*

Number of poly carts needed: \_\_\_\_\_



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## About your Deposits

The City of Bullard requires that every customer pay a deposit upon opening or re-establishing an account with the City to guarantee payment on the account for water, sewer, and solid waste services rendered. A deposit is required for every location serviced by the City up to \$500. A customer pays the deposit with the express understanding and agreement that the City may apply all or any part of the deposit towards an arrearage on the account in satisfaction of the amount owed. Deposits are refunded to the customer upon closing an account. The City will refund the deposit less any amount owed to the City. The refund is paid by check and is mailed within 30-60 days of the final meter reading on the account. The customer is responsible for providing the forwarding address to the City.

## Disconnection Policy

The City of Bullard utility services are subject to disconnection on the 1st of the month for non-payment, accrual of 10% late payment charge and reconnection fees.

## Agreement

I (Applicant) hereby request the City of Bullard to provide utility services at the above location. I (Applicant) agree to pay all charges for services rendered as a result of this request. I (Applicant) understand and agree that failure to pay any amount due to the City can result in services not being connected/reconnected until such payment has been received.

\_\_\_\_\_ I have received and understand the Payment Policy

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date

## Please mail, e-mail or fax your application to:

City of Bullard  
ATTN: Utility Billing  
P.O. Box 107  
Bullard, TX 75757

Phone: (903) 894-7223  
Fax: (903) 894-8163  
Email: [Utilities@bullardtexas.net](mailto:Utilities@bullardtexas.net)

## For Office Use Only

Received/Completed By: \_\_\_\_\_ Date: \_\_\_\_\_

Account Number: \_\_\_\_\_ Water: \_\_\_\_\_ Service Fee: \_\_\_\_\_

Cash \_\_\_\_\_ Check # \_\_\_\_\_ CC Ref # \_\_\_\_\_