

Application for Commercial Utility Service

| Office Use Only | | | | | | |
|------------------|-----|----------------|-----------------------|---------------------|-------|--|
| Clerk Initials | | Account Number | | Work Order Created? | Yes 🗌 | |
| Payment Received | YES | NO 🗆 | Inspections Passed | YES | NO | |

***For solid waste/garbage services please contact Frontier Waste Solutions at 936-258-9035

| | | Co | mpan | y Information | | | | | |
|--------------------------------------------------------------------------|--------------------------------------------|---------|---------|-------------------------|-------------------------|-----|----|--|--|
| | Property Manager | Ov | Owner | | | | | | |
| Requested Start Date: | | | | | | | | | |
| Name of Company: | | | | | Date: | | | | |
| Company Phone No. | | _ | | Tax ID: | | | | | |
| Service Address: | | | | | | | | | |
| | Street Address s require a grease trap? | YES | NO | Does your busines | ss require an oil trap? | YES | NO | | |
| Does your business | s require a lint trap? | YES | NO | Does your business | s require a grass trap? | YES | NO | | |
| Does your business | s require a grit trap? | YES | NO | | | | | | |
| | | Сс | ontacts | s & Billing Information | | | | | |
| Application Contact Person: *if different than Property Manager | Please print: First Nam | ne Last | Name | | | | | | |
| Phone: | Email: | | | | | | | | |
| Property Manager: | | · | | | | | | | |
| Manager. | Please print: First Name Last Name | | | | | | | | |
| Phone: | | | | _ Email: | | | | | |
| Billing Address: | | | | | | | | | |
| | Street Address, PO | Box, S | Suite 3 | # | | | | | |
| | City | | | State | Zip Code | | | | |



Application for Commercial Utility Service

| | | | Type of I | 3usi <u>n</u> | ess | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------|-------------------------------|---------------|------------------------------|----------------------|-----------------------|
| | Assisted Living/ | | Car Wash/ | | Coffee Shop/ Ice | | Fast Food/ Pizza |
| | Nursing Home | | Detail Shop | | Cream & Yogurt Shop | | Shop/ Restaurant |
| | Auto Mechanic/Oil | | Arcade/ | | Convenience Store/ | | Hospital/ Medical |
| | and Lube | | Bowling Alley | | Grocery | | Clinics |
| | Gas Station | | Bakery/ Donut Shop/ | | Church/ Day Care/ | | Administrative Office |
| | Auto Car Sales | П | Cake Shop Bar/ Grill/ Club | П | School Cleaners/ Laundromat | П | Other: |
| | 7.000 00.000 | | 24.7 21.117 21.010 | | 0.04.10.0, 244.14.0.114. | | |
| City of Pearland Code 870-4 | | | | | | | |
| Under City of Pearland Code 870-4, effective September 18, 2006, I, the undersigned, agree to pay an annual fee of \$100.00 for inspection of grease, lint, oil trap or interceptor and sample well. I also agree to have readily available all manifest from any vendor contracted by the above-mentioned business to be reviewed by a City inspector | | | | | | | |
| IIIai | illest from any vendor con | пасце | d by the above-mentioned | busii | less to be reviewed by a Cit | .y 1115 ₁ | Initials |
| | | | | | | | mitais |
| | Chapter 3 | 0 Art | icle V Sec. 30-126. Cros | s-Co | nnections Control and P | reve | ntion: |
| Doo | • | | | | | | |
| Backflow Devises: The City of Pearland is responsible for protecting the drinking water supply from contamination or pollution which could result from improper private water distribution system construction or configuration. This serves as a notice to the customer of the restrictions in place to provide this protection. The City of Pearland enforces these restrictions to ensure the public health and welfare. Your acceptance of water services acknowledges that the City will do annual backflow inspections to any new or existing devices. If the customer fails to comply with the terms of the backflow requirements, the City of Pearland will either terminate service, properly install, test and/or maintain an appropriate backflow prevention device at the service connection. Any expenses associated with the enforcement shall be billed to the customer. ***For more information on the Backflow devices, refer to Chapter 30 Article V Sec. 30-126. | | | | | | | |
| · | | | | | | | Initials |
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| | | | Connection | n to | Water: | | |
| I understand that the City will begin water service by making a physical connection from the meter to the outside of the residence. I understand that the City will not have access to personal property and will not determine if there are any open faucets or water system leaks on or in the property. | | | | | | | |
| Initials | | | | | | | |
| | | | | | | | |
| | | | Pearland City Code Sec | ction | 30-41 Monthly Bills: | | |
| I understand that I am responsible for paying my monthly bill on or before the due date. Under Pearland City Code Section 30-41, in the event that a bill for utility services is not paid with-in twenty (20) days after rendition of the bill, the City shall have the right to disconnect and discontinue all utility services furnished by the City to the consumer so in arrears. | | | | | | | |
| | | | • | | | | Initials |
| | | | | | | | |
| | Red Flag Policy and Identity Theft | | | | | | |
| To attempt to prevent identity theft, The City of Pearland requires all applicants to provide a government issued picture ID, the last four digits of your social security or tax ID number, or similar documentation to establish utility services. Please note that additional documentation may be requested. | | | | | | | |
| | | | | | | | Initials |
| 0. | | | | | | _ | |
| Sig | nature | | | | | D | ate |