



utilityadmin@thecolonytx.gov

City of The Colony-Utility Department

**COMMERCIAL SERVICE--Application for Water/Sewer/Trash Service**

Start Date \_\_\_\_\_ (weekdays only) **Appointment Required if water is off**

Circle preferred appointment time (subject to availability): 9-10 10-11 11-12 1-2 2-3 3-4

Account Number: \_\_\_\_\_ (Office use)

**\*Incomplete applications will not be processed\***

Circle Service Type: Domestic Meter Irrigation Meter

\*Entity Name \_\_\_\_\_

Primary Contact Name \_\_\_\_\_

Additional Contact Name \_\_\_\_\_

Service Address: \_\_\_\_\_ Own \_\_\_\_\_ Rent \_\_\_\_\_  
 (Direccion de servicio) (Dueno) (Alquilando)

Bill Mailing Address: \_\_\_\_\_  
 (if different from service address) Street Address City State Zip Code  
 (Direccion para su donde enviar su bill)

Primary E-Mail Address: \_\_\_\_\_ Additional email address \_\_\_\_\_  
 (Dirreccion de correo electronico) (Co-propietario)

Business phone: \_\_\_\_\_  
 (Numero de telefonos): Work(Trabajo) Cell (Celular)

Primary Contact Phone : \_\_\_\_\_ Additional Contact Phone \_\_\_\_\_  
 Work (Trabajo) Cell (Celular) Work Cell

Entity Tax ID Number:: \_\_\_\_\_

If renting, list owner's/ landlord's name and phone number:

Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_  
 (Nombre) (Numero de contacto)

In consideration of the City of The Colony Utility Department furnishing services at the above location, I agree to pay said City for such services as required by City of The Colony ordinances. I further agree to comply with all rules and regulations of the City of The Colony Utility Department including requirements of the ordinances. (En consideracion con el departamento de utilidades de la Ciudad de The Colony, proporcionando servicios en la ubicacion establecida arriba, yo estoy de acuerdo con pagar ala Ciudad por tales servicios como es requerido por las ordenanzas de la Ciudad de The Colony. Tambien estoy de acuerdo con cumplir con todas las reglas y regulaciones de la Ciudad de The Colony y el departamento de utilidades, incluyendo los requisitos de las ordenanzas.)

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 (Firma del aplicante) (Fecha)

**\*\*Proof of Ownership/lease required at time of application\*\* May require letter of authorization from entity verifying contact/applicant authority to sign for entity\*\*Deposit and Application Fee required at time of application\*\*Refer to the Fees and Requirements Link or contact 972-625-2741 for more information\*\*\*\*(Es requerido demostrar prueba de dueño o rentero de propiedad al tiempo de aplicacion. Se tiene que pagar el deposito y la cuenta la aplicacion cuando se aplica para servicio. Numero de contacto de la ciudad 972-625-2741.**

Deposit refund of less than \$1.00 will require written request from customer.