

**CITY OF FRIENDSWOOD
UTILITY BILLING SERVICES
APPLICATION FOR SERVICE**

DATE _____ NUMBER OF UNITS _____

NAME OF ACCOUNT _____

SERVICE ADDRESS _____

RESPONSIBLE FOR BILLING _____

CIRCLE APPROPRIATE OWNER or CONTRACTOR OF SERVICE ADDRESS

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

BUSINESS PHONE _____

ON BEHALF OF _____, I UNDERSTAND,
FULLY THAT THE AFOREMENTIONED FIRM IS LIABLE FOR WATER, SEWER, AND REFUSE
CHARGES INCURRED AT THE SERVICE ADDRESS REFERENCED ABOVE.

I understand that the City will begin water service by making a physical connection located at the meter outside the building or buildings to be served. I understand that the City will not have access to any building served and will not determine if there are any open faucets or water system leaks inside the building. If there are any open faucets or water system leaks that cause damage to the property, I agree not to hold the City responsible for any damages arising there from.

Applicant's Signature

Date of Application

OWNER OF THE BUILDING AND ABOVE SIGNED AGREE TO CONFORM TO ALL APPLICABLE LAWS OF THE CITY OF FRIENDSWOOD.

FOR OFFICE USE ONLY

METER NUMBER _____

DEPOSIT : _____