



# City of Tomball

## Commercial Utility Service Application

Your account will be confidential unless otherwise noted.

\_\_\_\_ (Please initial) I **do not** want my account information to remain confidential.

Date to Start Service: \_\_\_\_\_

Account No: \_\_\_\_\_  
Will be issued by City of Tomball

Service Address: \_\_\_\_\_

### **Applicant Information:**

Name of Applicant/Business: \_\_\_\_\_

Co-Applicant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Apt./Suite No. \_\_\_\_\_  
\*if different from service address\*

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Federal Tax ID #: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Paperless options: Email only \_\_\_\_\_ Email & Paper copy \_\_\_\_\_

### **Garbage Service**

Poly Cart: 96 Gallon Can Qty: \_\_\_\_\_ No. Pick Ups: \_\_\_\_\_

Dumpster: Size: \_\_\_\_\_ Qty: \_\_\_\_\_ No. Pick Ups: \_\_\_\_\_

Size: \_\_\_\_\_ Qty: \_\_\_\_\_ No. Pick Ups: \_\_\_\_\_

I would like to make **NO** changes to the garbage service.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

501 James St. Tomball, TX 77375  
Phone: 281-290-1450  
Fax: 281-351-4735  
customerservice@tomballtx.gov

## Container Placement

Name of Business: \_\_\_\_\_

Service Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Additional Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Will this person or other responsible party be at the service location to accept delivery? \_\_\_\_ Yes \_\_\_\_ No

Please draw a map of service site (required). Be as specific as possible if container location is critical.  
Please note that if no one is available to accept the delivery or no site map is provided you will be subject to a relocation fee if the container must be relocated on the site.

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North  
+  
South