



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: 281-290-1401 or 281-290-1424
Fax: 281-351-4735
mlato@tomballtx.gov/skendig@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.

North
+
South