



## Application for Commercial Utility Service

Office Use Only					
Clerk Initials		Account Number		Work Order Created?	Yes <input type="checkbox"/>
Payment Received	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Inspections Passed	YES <input type="checkbox"/>	NO <input type="checkbox"/>

\*\*\*For garbage services please contact Frontier Waste Solutions at 936-258-9035

### Company Information

Property Manager ☐

Owner ☐

Requested Start Date: \_\_\_\_\_

Name of Company: \_\_\_\_\_

Date: \_\_\_\_\_

Company Phone No. \_\_\_\_\_

Service Address: \_\_\_\_\_  
*Street Address*

Does your business require a grease trap? YES ☐ NO ☐

Does your business require an oil trap? YES ☐ NO ☐

Does your business require a lint trap? YES ☐ NO ☐

Does your business require a grass trap? YES ☐ NO ☐

Does your business require a grit trap? YES ☐ NO ☐

### Owner/ Responsible Party Information

Full Name: \_\_\_\_\_  
*Last First M.I.*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Last 4 of Social Security No: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Driver's License # \_\_\_\_\_

### Property Manager/ Billing Information

Emergency Contact: \_\_\_\_\_  
*Last First M.I.*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Property Manager: \_\_\_\_\_  
*Name*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Billing Address: \_\_\_\_\_  
*Street Address*

\_\_\_\_\_  
*City State Zip*

\*\*\* Please complete both sides of this application.  
Updated 9/28/2022



## Application for Commercial Utility Service

### Type of Business

<input type="checkbox"/> Assisted Living/ Nursing Home	<input type="checkbox"/> Car Wash/ Detail Shop	<input type="checkbox"/> Coffee Shop/ Ice Cream & Yogurt Shop	<input type="checkbox"/> Fast Food/ Pizza Shop/ Restaurant
<input type="checkbox"/> Auto Mechanic/Oil and Lube	<input type="checkbox"/> Arcade/ Bowling Alley	<input type="checkbox"/> Convenience Store/ Grocery	<input type="checkbox"/> Hospital/ Medical Clinics
<input type="checkbox"/> Gas Station	<input type="checkbox"/> Bakery/ Donut Shop/ Cake Shop	<input type="checkbox"/> Church/ Day Care/ School	<input type="checkbox"/> Movie Theater
<input type="checkbox"/> Auto Car Sales	<input type="checkbox"/> Bar/ Grill/ Club	<input type="checkbox"/> Cleaners/ Laundromat	<input type="checkbox"/> Other:

### 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

Initials

### Chapter 30 Article V Sec. 30-126. Cross-Connections Control and Prevention:

Backflow Devices: 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

### Connection 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 Section 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

Signature \_\_\_\_\_

Date \_\_\_\_\_