



COMMERCIAL UTILITY SERVICE APPLICATION
City of Sherman Utility Billing Department

DATE: _____

TIME: _____

BUSINESS NAME	ACCOUNT #
CERTIFICATE OF OCCUPANCY #	SERVICE ADDRESS: STREET _____ _____ CITY <u>SHERMAN</u> STATE <u>TX</u> ZIP _____
CONTACT NAME LAST: _____ FIRST: _____ MI: _____	
CONTACT DL#	
CONTACT PHONE #: DAY _____ AFTER HOURS _____	BILLING ADDRESS (IF DIFFERENT): STREET _____ _____ CITY _____ STATE _____ ZIP _____
OWNER/CORPORATE NAME	
STREET	DO YOU WISH TO DONATE \$1 PER MONTH TO THE PRIDE FUND FOR PARK IMPROVEMENTS AND POLICE PROGRAMS? YES _____ NO _____
CITY	
STATE _____ ZIP _____	
OWNER'S PHONE #	APPLICANT SIGNATURE
	OTHER RESPONSIBLE PARTY SIGNATURE

-AREA BELOW FOR OFFICE USE ONLY-

Trash pick-up days: M Tu W Th F S Commercial _____ Residential _____ # of cans _____ # of pick-ups _____ Misc, _____	BILLING INFO: RES _____ COMM _____ IND _____ YARD _____ F.H. _____ Inside City Limits YES _____ NO _____	# OF UNITS WATER _____ SEWER _____ TRASH _____ METER SIZE _____ METER TYPE _____ METER S/N _____ METER READ _____ DEPOSIT AMOUNT _____ DEPOSIT # _____
RECEIVED BY: _____ DATE _____		
APPROVED BY: _____ DATE _____		

TURN WATER ON AT

TIME

DATE

Water cannot be turned on unless someone is at the service address because of the possibility of an outlet being open which can cause flooding of the premises.
An additional charge of \$15.00 will be made should a second trip by City Personnel be necessary to turn the water on.

Someone will be at the service address at the above time

Applicant Signature