

Commercial Connection Questionnaire

General Information

Property owner/s Name: _____
Address of property to be served: _____
Type of Business Entity: _____ Tax ID #: _____
Point of Contact: _____ Phone: _____ Email: _____
Mailing Address: _____

Service Requirement

Domestic Meter Size Requested: _____ Irrigation Meter Size: Potable: _____

Re-use / Non-Potable: _____ Hydrants Required Yes No

How Many: _____ Standby Fire Service Required: Yes No

Size of Standby Service Required _____

Do you have an existing well? Yes No Well Status: To be capped Will remain in use

NOTE: If you have a well, prior to receiving a meter, a back-flow prevention device must be installed on your service line and a Test and Maintenance Report submitted to Texas Water Co.

Architect/ Engineer

Name of Firm: _____ Address: _____
Point of Contact: _____ Phone: _____ Email: _____

Contractor

Name of Firm: _____ Point of Contact: _____
Phone: _____ Email: _____
Will contractor be paying all fees to establish service? Yes No

Service Applicant

Entity that will be responsible for paying monthly water bill once service is established.

Name of Firm: _____ Point of Contact: _____ Phone: _____
Email: _____ Mailing Address: _____