City of Big Spring

Commercial

Application for Water, Sewer and Sanitation Services

Account Number: _____ Date: _____

Applicant Information

Business Name: _____

Service Address: _____Physical Address: _____

Mailing Address: _____

Tax ID Number: _____Telephone Number: _____

Manager/Owner Name: _____

Email Address: _____ Fax Number: _____

Previous Address: _____

Was address served by the City of Big Spring Utility? _____ Yes _____ No

Have you ever had water service with the City of Big Spring? _____ Yes _____ No

Previous Service Address: _____

_____ _____

(Signature of Applicant) (Date)

Deposit Number: _____ Amount: _____Meter Number: _____

Read Meter: _____ Date: _____ Cut on Meter: _____Time: _____a.m. / p.m.

Remarks: _____

Employee Signature: _____ Date: _____

Time: _____ a.m. / p.m.

_____ _____

(Signature) (Date)

501 Runnels Big Spring, Texas 79720 Phone: (915) 264-2542 Fax: (915) 264-2527