



CITY OF BAYTOWN

Utility Billing Division
2505 Market Street
PO Box 424
Baytown, TX 77522-0424

Phone: (281) 420-6515
Fax: (281) 420-6514
Hours: 8 a.m.-4 p.m. M-F
ubservice@baytown.org

APPLICATION FOR COMMERCIAL SERVICE

SERVICE ADDRESS: _____

MAILING ADDRESS: _____

BUSINESS NAME: _____

OWNER'S NAME: _____

OWNER'S ADDRESS: _____

OWNER'S SSN: _____ TDL #: _____ PHONE #: _____

NAME OF CORPORATION OR COMPANY: _____

FEDERAL I.D. NUMBER: _____ EMAIL: _____

NUMBER OF UNITS/APARTMENT COMPLEX: _____

NUMBER OF UNITS/MOBILE HOME PARK: _____

NUMBER OF UNITS/MULTI-UNIT STRUCTURE: _____

HAVE YOU HAD WATER/SEWER WITH THE CITY OF BAYTOWN BEFORE? YES _____ NO _____

IF SO, NAME: _____

ADDRESS: _____

CLOSE OUT DATE: _____

For office use only

Old customer: _____ Customer #: _____

Change cycle: _____ Work Order #: _____ Work Order #: _____

Vacant: _____ Deposit Posted: _____

Contract #: _____ Check: _____ Cash: _____

Deposit Amount: \$ _____ Mode: ADD: _____ CHANGE: _____

Today's Date: _____ COMMENTS: _____

Date Scheduled: _____ _____