



APPLICATION FOR COMMERCIAL SERVICE

CITY OF FERRIS
104 S CENTRAL
FERRIS, TX 75125

PHONE: (972) 842-2752
FAX: (972) 842-2609
www.cityofferris.org

DATE: _____ SERVICE START DATE: _____

NAME: _____
LAST FIRST M

DBA: _____

SERVICE ADDRESS: _____
STREET CITY/STATE ZIP CODE

MAILING ADDRESS: _____
STREET CITY/STATE ZIP CODE

PHONE: _____
HOME PHONE BUSINESS PHONE CELL PHONE

E-MAIL: _____

ID INFORMATION: _____
DRIVER'S LICENSE NUMBER STATE SOCIAL SECURITY NUMBER/TAX ID

TYPE OF BUSINESS: _____

EMERGENCY CONTACT: _____
NAME ADDRESS PHONE NUMBER

DO YOU OWN THE PROPERTY WHERE SERVICE WILL BE SETUP? YES NO

OWNER: _____
NAME ADDRESS PHONE NUMBER

THIS APPLICATION AND ANY SERVICE PROVIDED BY THE CITY OF FERRIS IS SUBJECT TO ALL TERMS AND PROVISIONS OF ALL APPLICABLE CITY ORDINANCES, RULES, AND REGULATIONS, INCLUDING BUT NOT LIMITED TO CITY ORDINANCES AND ALL OTHER APPLICABLE FEDERAL, STATE, AND LOCAL LAWS, CODES, RULES, AND REGULATIONS. THE UNDERSIGNED APPLICANT ACKNOWLEDGES THAT THE OPPORTUNITY WAS AFFORDED TO REVIEW AND ORDINANCES AND FURTHER UNDERSTANDS THE TERMS AND PROVISIONS THEREOF, INCLUDING BUT NOT LIMITED TO THE RIGHT OF THE CITY OF FERRIS TO DISCONTINUE OR DISCONNECT SUCH SERVICE WITHOUT NOTICE TO APPLICANT AND/OR THE PROPERTY TO WHICH SERVICE IS OR MAY BE SUPPLIED FOR FAILURE TO TIMELY PAY WATER UTILITY BILLS AND OTHER CIRCUMSTANCES OF EVENTS.

SIGNATURE _____ DATE _____

****COPY OF DRIVER'S LICENSE OR PICTURE ID REQUIRED FOR ALL NEW SERVICE****

PAYMENT OPTIONS: _____ AUTOMATIC BANK DRAFT _____ BILL BY MAIL

FOR OFFICE USE ONLY				
DEPOSIT AMOUNT	\$ _____	+ APPLICATION FEE	\$ _____	=TOTAL \$ <input type="text"/>
PAYMENT METHOD	CASH	CHECK # _____	CREDIT CARD	_____
ACCOUNT NUMBER	_____	PROCESSED BY	_____	DATE _____
METER #	_____	ID # _____	DATE WORK ORDER SUBMITTED	_____