



FOR OFFICE USE ONLY

CONFIDENTIALITY OPTION
RECEIPT # _____

**CITY OF PORTLAND
COMMERCIAL UTILITY ACCOUNT APPLICATION**

PLEASE PRINT

BUSINESS: _____ TAX ID #: _____

OWNER/MANAGER: _____

APPLICANT'S NAME (if not owner/manager): _____

SERVICE ADDRESS: _____

MAILING ADDRESS: _____

BUSINESS PHONE: (____) _____ MAIN OFFICE PHONE: (____) _____

OWNER/MANAGER CELL PHONE: (____) _____ / (____) _____

E-MAIL: _____

Are you a current previous City of Portland utility customer? Previous date _____

Required permits & Certificate of Occupancy have been obtained from Development Services YES NO

Begin service on _____

AUTHORIZATION TO CONNECT WATER SERVICE

CHECK ONLY ONE

YES, I AUTHORIZE employees or agents of the City of Portland to connect water service at the commercial property indicated above without me or my representative being present at the time of connection. I understand the property could be damaged by water if there is a leak, open pipe or open faucet on the property at the time the water is turned on. I agree to hold harmless, the City of Portland, its employees and agents, for any damage to the commercial property which may result from the City turning on my water supply in my absence.

NO, I DO NOT AUTHORIZE employees or agents of the City of Portland to connect water service in my absence. I request the City not make any connection unless I or my representative is present. I understand the City makes water connections only between the hours of 3:00 PM and 5:00 PM weekdays. The following person(s) are authorized to allow connection of water service in my absence.

PRINT NAME

PRINT NAME

REQUEST FOR SANITATION CONTAINER(S) CONTAINER SIZE: circle choice of size by cubic yard (cu yd)
2 cu yd 3 cu yd 4 cu yd 6 cu yd 8 cu yd 6 cu yd - **recycle**

SERVICE PER WEEK: circle number of pick-ups per week
1 2 3 4 5 6

Signature of Applicant

Date

Visit www.portlandtx.com for the City's Code of Ordinance, Chapter 23 Water, Sewers and Solid Waste Collection