COMMERCIAL WATER DEPOSIT APPLICATION

City of Grapevine

ACCOUNT INFORMATION

Date _____ Scheduled Start Date_____

Company Name_____

Service Address_____

Mailing address: _____

City _____ State ___ Zip_____

Person Responsible for Account_____

Phone Number_____ (office) _____ (cell) _____

Tax ID#_____

Email Address _____

Do you want bill mailed, emailed, or both? ____mailed _____emailed ____both

Own _____ Rent _____

Provide landlord's name/phone number_____

_____

INFORMATION ABOUT YOU

Print Your Name _____

Phone Number_____ (office) _____ (cell) _____

Signature _____ Date_____

Keyed By _____ Account No _____