



*****Commercial Utility Service Application*****

Water / Trash / Sewer Services

Federal Tax ID # ID required

DEPOSIT IS REQUIRED

Service Address: _____

Service Start Date: _____

Company Name: _____

Mailing Address: _____

City: _____ State: ___ Zip: _____

Email address: _____

Tax ID (EIN)#: _____

Location Phone Number: _____

Location Contact Name: _____

Would you like the account to be kept confidential?

Yes No

Would you like your bill emailed to you?

Yes No

** If you select **Yes**, a bill will **NOT** be delivered by U.S. Mail**

Would you like to sign up for?

Bank/ Credit Card Draft?

Yes No

Hours: Monday – Friday 8am-5pm

Phone: (254) 772-4480

Please email this form to:

CUSTOMERSERVICE@WOODWAYTEXAS.GOV