



**BRYAN TEXAS UTILITIES**  
 P.O. BOX 8000  
 BRYAN, TX 77805-8000  
 Phone (979) 821-5700 / Fax (979) 821-5795  
<http://www.BTUtilities.com>

3.18.15

Deposit Options:  Cash  C.D. Assignment  Bond

**SERVICE REQUEST – COMMERCIAL**

*ALL CITY COMMERCIAL ACCOUNTS must be inspected by the Inspection Department before a service request can be completed. Your order for service will be forwarded to the Inspection Department for further processing under the terms of this agreement.*

Connect Date: \_\_\_\_\_

**Commercial Account Information**

Type of Business:  Corporation  Sole Proprietorship  Partnership

Business Name: \_\_\_\_\_

Federal I.D. Number: \_\_\_\_\_

Tax Exempt: **Yes** **No** (If yes, attach tax exemption certificate)

Service Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
 (If different) \_\_\_\_\_

Phone Number: \_\_\_\_\_

Alternate/Local Phone Number: \_\_\_\_\_

Authorized Agent, Partner or Owner \_\_\_\_\_

Photo I.D. # \_\_\_\_\_

**Authorized Contact: Full Access to Account and Make Changes**

Name	_____	Name	_____
Last 4 of SSN	_____	Last 4 of SSN	_____
Email	_____	Email	_____
Phone Number	_____	Phone Number	_____

Name	_____	Name	_____
Last 4 of SSN	_____	Last 4 of SSN	_____
Email	_____	Email	_____
Phone Number	_____	Phone Number	_____

Customer# \_\_\_\_\_  
 Location# \_\_\_\_\_  
 Deposit \$ \_\_\_\_\_  
 CSA \_\_\_\_\_

**Business Name**

## SERVICE CONTRACT

The applicant whose name appears on the front side of this form applies for and agrees to pay for available utility service furnished by Bryan Texas Utilities at the requested location at the rate established by the City of Bryan as now existing or as may be enacted by City Ordinance. This agreement is binding until applicant gives proper notice to discontinue service.

The applicant also agrees that if at any time there is failure to pay when due, any charge for service or repairs, BTU may discontinue service to any or all meters in the name of the applicant until arrears are paid, plus an additional service charge for turning all utilities back on. I agree that BTU may hold me responsible for the past unpaid utility bills of any additional locations or buildings that had utility services in my name. I authorize BTU to transfer the balances of such unpaid utility bills to my active account and to disconnect my utilities if those balances are not paid in full. The City of Bryan is not responsible for loss resulting from interrupted service. The applicant also acknowledges that meters are the property of BTU, and that they may be turned on and off only by authorized City Employees. Any unauthorized connection of a meter is illegal and will result in immediate termination of service. I, the undersigned applicant, hereby grant to the City of Bryan the right of access to its meters whenever necessary.

The applicant also agrees to abide by and consider as part of this contract any ordinance, rules, and regulations the City adopts concerning BTU – Municipal and Rural.

I hereby apply for service in accordance with the terms of this Service Contract, and affirm that the information that I have provided on this form is, to my knowledge, true and correct. I understand that BTU is relying on this information to furnish me utility service and that is any of this information is determined to be false or incorrect for the purpose of misleading or defrauding BTU, my utility service may be terminated immediately without any further notice to me.

\_\_\_\_\_  
Signature of Authorized Person

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

### Confidentiality

The Texas Utilities Code, Chapter 182, provides that a customer may request that personal information and any information relating to the volume or units of utility usage, including amounts billed to or collected from, is kept confidential.\* If you wish to request confidentiality of that information, check this box:

\*Notwithstanding your request, the information may be released to (1) an official or employee of the state, a political subdivision of the state, or the United States acting in an official capacity; (2) an employee of a utility acting in connection with the employee's duties; (3) a consumer reporting agency; (4) a contractor or subcontractor approved by and providing services to the utility, the state, a political subdivision of the state, or the United States; (5) a person for whom the customer has contractually waived confidentiality for personal information; or (6) another entity that provides water, wastewater, sewer, gas, garbage, electricity, or drainage service for compensation.

# Development Services

Site Address: \_\_\_\_\_

Subdivision: \_\_\_\_\_

*"To assist development and improve the quality of life for the citizens of Bryan."*



**CITY OF BRYAN**  
*The Good Life, Texas Style.™*

## Type of Submittal

\_\_\_ Change of Use    \_\_\_ Change of Ownership    \_\_\_ Change of Tenant

## Minimum Submittal Requirements

Completed and signed application form

**\* Upon review by the Site Development Review Committee Chairman, this application may be forwarded to the SDRC for a limited or full review. The type of review will determine the number of site plans to submit.**

## For Office Use Only

Inspection # \_\_\_\_\_

Planning Check \_\_\_\_\_

Planning Approval \_\_\_\_\_

Fire Inspection \_\_\_\_\_

Fire Approval \_\_\_\_\_

Final Approval \_\_\_\_\_

## Property Owner Information

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

## Applicant Information

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

## Agent or Engineer Information

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

**Site Information**

Address \_\_\_\_\_

R Number \_\_\_\_\_

Legal Description \_\_\_\_\_

Total Acreage \_\_\_\_\_

Current Use \_\_\_\_\_

Proposed Use \_\_\_\_\_

Current Zoning \_\_\_\_\_

Is this property under a conditional use permit? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Certification**

I hereby certify that I am the owner of the above described property for the purposes of this application. I am respectfully requesting processing and approval of the above referenced request. I agree to comply with the requirements in all applicable codes. I agree to provide all necessary information concerning this submittal. I understand that this submittal may be forwarded to the Site Development Review Committee. I certify that I have been informed and understand the regulations regarding this process as specified by City Ordinance.

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Owner's Printed Name

I also hereby authorize the Applicant, Agent, and/or Engineer listed on this application to act on my behalf during the processing and presentation of this request. They shall be the principal contacts with the City in processing this application.

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Owner's Printed Name

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Applicant's Printed Name

\_\_\_\_\_  
Agent/Engineer's Signature

\_\_\_\_\_  
Agent/Engineer's Printed Name



## COMMERCIAL ACCOUNT INFORMATION

Date: \_\_\_\_\_

Account Name: \_\_\_\_\_

Contact Official: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_

No. of Work Days/Week: \_\_\_\_\_

No. of Employees: \_\_\_\_\_

Nature of Business:

\_\_\_\_\_

Is there onsite storage of hazardous or toxic materials?      \_\_\_\_\_ YES      \_\_\_\_\_ NO

If yes, please list types and quantities. If more space is required, please attach additional pages.