

New Commercial Account Application

Organization/Company Name		Business Owner Name			
	Business ov	wner Information			
Contact Phone Number	Office Phone Number		Email Address		
Mailing Address					
City	State		ZIP Code		
		#			
DOB		Utility Billing /	Utility Billing Account Number		
Driver License		[Water]	[Sewer]	[Garbage]	
Employer Identification Number		[Deposit Pa	[Deposit Paid] [Ach Waiver] [Letter of Credit]		
Second Contact name and phone number		[Turn On Fee	e Paid] [Tur	n On Fee Billed]	

803 E Main Street Gatesville Texas 76528

254-865-8951 Extension 101 or 103

water@gatesvilletx.com permits@gatesvilletx.com