



CITY OF COMANCHE

101 East Grand Avenue, Comanche, Texas 76442
325-356-2616 • Fax 325-356-2137
cityofcomanchetexas.net

Your new address: _____

Office Use Only: Your garbage day will be	Monday	Tuesday	Wednesday
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Office Use: Account Number

All new commercial water, sewer, and garbage accounts require the following BEFORE connection:

- Copy of driver license or government issued identification
- \$200.00 deposit for commercial services
- Completed Service Agreement

If you need to email any paperwork, please e-mail to cityhall@comanchetexas.gov. Water services can be turned on the same day if received by 3:00 p.m., pending no issues.

Comanche City Hall offers multiple payment options!

- In person/drive-thru Monday through Friday 8:00 a.m.- 5:00 p.m., excluding holidays
- Online at www.cityofcomanchetexas.net
- By phone at 1-888-291-0898
- By mail
- Drive by drop box at City Hall

Other Services Offered:

Chipper Service is available for \$30.00 per 30 minutes, prepaid. Forms for this service are available at City Hall.

Power To Choose – Electricity	https://powertochoose.org
Atmos – Gas	1-866-222-7100
Frontier Communications – Phone/Internet	1-800-921-8101
Totelcom – Internet	1-254-893-1000
Comanche Police Department	325-356-3074
Comanche Police Dept. after 5:00pm	325-356-2222
Comanche County Consolidated Hospital	254-879-4900
Comanche Chamber of Commerce	325-356-3233
Emergencies	911

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Commercial Service Agreement for Water, Sewer, and Garbage Service

Please print clearly, thank you!

Office Use: Account Number

Business Name: _____ Type of Business: _____

Business Identification Number: _____

Or Applicant Name: (Last) _____ (First) _____ (M/I) _____

Driver License number: _____ DL Issued by: _____ Date of Birth: ____/____/____

Gender (Circle one): M F Race (Circle one): White Hispanic Other: _____ Ethnicity: _____

Service Address: _____

Mailing Address: _____ City: _____ State: _____ Zip Code: _____

Phone Number: _____ Alternate Phone Number: _____

Email Address: _____

Authorized Signor for Business: (Last) _____ (First) _____ (M/I) _____

Driver License number: _____ DL Issued by: _____ Date of Birth: ____/____/____

Gender (Circle one): M F Race (Circle one): White Hispanic Other: _____ Ethnicity: _____

Mailing Address: _____ City: _____ State: _____ Zip Code: _____

Phone Number: _____ Alternate Phone Number: _____

Email Address: _____

Circle one: Owner/Buyer - Realtor - Landlord - Leasing/Leaser - Renting/Tenant

If Renting/Leasing Owner: _____ Phone _____

How would you like to receive your utility billing/notice: Email-paperless Mail-paper

Updates regarding your utility billing notices by (circle choices) text / email / phone alerts? Yes - No

Date of Application: _____ Enroll in ACH Draft: (circle one) Yes - No

Start Date for Water, Sewer, Garbage Service: _____ Time: _____

Comanche Volunteer Fire Dept. Donation by Adding \$2.00 to monthly bill: _____ 6 mo. minimum _____ No

Commercial Deposit: \$200.00 Transfer of Services Fee: \$30.00 Cash Check Credit/Debit Card

Transfer of Services – complete if moving from one address in the city limits to another in the city limits:

From address: _____

Number of Ploy Carts to be picked up: 1 2 3 Dumpster to be picked up: Yes No

Office Use: Account Number transferring from -

Terms and Conditions:

All bills for water services rendered by the City of Comanche, Texas, shall be billed regularly. If the bill is not paid by 5:00pm on the due date, a 10% late penalty shall be assessed. All accounts having a balance at 5:00pm 11 days after the due date shall be disconnected and a \$50.00 service fee added. If the above referenced dates fall on a weekend or holiday, payment is required by 5:00pm of the following working day. All arrears, including fees, must be paid in full prior to reconnection.

Authorized Signature: _____ Date: ____/____/____

Office Use: Entered by _____ Date / /

Poly Cart Request Form – Commercial

Please print clearly, thank you!

Date: _____/_____/_____

Office Use: Account Number

Business Name: _____

or Applicant Name: (Last) _____ (First) _____ (M/I) _____

Business Identification Number: _____

Tax Exempt Number: _____

*(Account must be in the business name to qualify for this exemption.)

Service Address: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Alternate Phone Number: _____

Currently has _____ Poly Cart(s).

Pick up _____ Poly Cart(s).

Deliver _____ Poly Cart(s).

Initial Selection

Commercial	1 Poly Cart	\$23.96 + tax	
Commercial	2 Poly Carts	\$40.71 + tax	

Authorized Signature: _____ Date: _____/_____/_____

Office Use: Entered by

Date / /