



CITY OF MONT BELVIEU

UTILITY BILLING
11607 EAGLE DR
PO BOX 1048
MONT BELVIEU, TX 77580

PHONE: (281) 576-2213
FAX: (281) 385-2194
HOURS: 8 AM – 5 PM M-F
UTILITYBILLING@MONTBELVIEU.NET

APPLICATION FOR COMMERCIAL SERVICE

Legal Name of Owner
(Sole owner, partners, corporation or another name): _____

Trade Name of Business
(Actual name under which the business operates): _____

Federal Tax ID Number: _____

Mailing Address: _____

Driver's License #: _____ **Primary Contact Number:** _____

Accounts Payable Email: _____ **A/P Phone#:** _____

Service Address: _____

of Units/Apartment Complex: _____ **# of Units/RV or Mobile Park:** _____

of Units/Multi Unit Structure: _____

Account #: _____ **Deposit Amount: \$** _____



The City of Mont Belvieu and MB Link are proud to serve you!

MB Link, Texas' first municipal fiber network, is ready to power your business at the speed of light! The MB Link network provides the perfect backbone to handle VOIP phone systems, security systems, remote access, and daily office operations all with the speed and price that are tough to beat.

YES! Please contact me to discuss standard rates and packages.

SOLID WASTE SERVICES

The City of Mont Belvieu makes it convenient, quick and easy to find a commercial dumpster rental solution. Whether you need a dumpster indefinitely, or for just one project, we have the perfect customizable waste removal services for you.

AFFORDABLE MONTHLY FEES:

Size	1xW	2xW	3xW	4xW	5xW
4 cu yd	\$80.00	\$160.00	\$240.00	\$320.00	\$400.00
8 cu yd	\$128.00	\$256.00	\$384.00	\$512.00	\$640.00

Note: Service charge for extra pick-up is \$50.00 per cubic yard, plus tax

Would you like to sign up for the City of Mont Belvieu’s *Commercial Dumpster Services*?

YES or NO

If you selected “YES,” one of our award-winning customer service representatives will contact you to finalize all of the set-up and installation details. Please provide a contact name and number of the person you would like to designate as the primary contact for your company’s Dumpster/Roll-Off Service needs.

Name of Contact: _____ Phone #: _____

Email Address: _____

The City of Mont Belvieu is proudly offering “Roll-Off Dumpster Services” for all of your construction and clean-up needs.

Set down fee: **\$100.00**

This is a one-time fee that will be charged upon the initial delivery of a Roll-Off Dumpster to an approved, designated location.

Daily Rate: **\$8.00**

This is a rental amount that will be assessed daily for each roll-off in the customer’s possession.

Pull Rate: **SEE BELOW**

This is the amount that will be charged each time the roll-off is picked up, emptied and then reset or returned. This rate will vary based upon the size of the Roll-Off Dumpster.

- 20-yard box..... \$425 per pull
- 30-yard box..... \$500 per pull
- 40-yard box..... \$575 per pull

By signing this application, I give permission to the City of Mont Belvieu to utilize all information in any effort to attempt communication; this includes automatic telephone dialing systems. I am also agreeing to pay for City provided utilities and applicable fees at this location. Not receiving a bill does not waive payment or penalties. Unpaid balances are subject to disruption of services.

Signature: _____

Today’s Date: _____



Authorized Account Contacts

Contacts listed below are authorized to speak on behalf of and/or make changes to the utility account.

Utility Account Name: _____ Utility Account Number: _____

Contact Name: _____ Title: _____

Phone Number: _____ Email: _____

Contact Name: _____ Title: _____

Phone Number: _____ Email: _____

Contact Name: _____ Title: _____

Phone Number: _____ Email: _____

Contact Name: _____ Title: _____

Phone Number: _____ Email: _____

Account Holder Name: _____ Date: _____

Account Holder Signature: _____



11607 Eagle Drive · Post Office Box 1048 · Mont Belvieu 77580 · (281) 576-2213 · 385-2266 · Fax (281) 385-2194

Bank Draft Authorization Form

Date: _____

I authorize the City of Mont Belvieu to debit my account, noted below, each month for the amount of my utility bill. I also authorize the financial institution, identified below, to debit my account for the same amount.

Please Print:

Customer's Name (As it appears on the account):

Name of Financial Institution: _____

Routing Number: _____

Choose Only One:

Checking Account Number

Saving Account Number

Water Utility Account Number: _____

Phone Number: _____

E-Mail Address: _____

Signature Authorization: _____