

**APPLICATION FOR COMMERCIAL  
UTILITY SERVICE**



DATE: \_\_\_\_\_

Please print:

**NAME OF BUSINESS:** \_\_\_\_\_

SERVICE ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

OWNER OR RESPONSIBLE PARTY: \_\_\_\_\_

SOCIAL SECURITY #:

DRIVERS LICENSE #:

HOME ADDRESS: \_\_\_\_\_

HOME PHONE #:

BUSINESS PHONE #:

FEDERAL OR TAX ID #:

STATE TAX PERMIT #:

TYPE OF BUSINESS: \_\_\_\_\_

DATE OF OCCUPANCY: \_\_\_\_\_

**The undersigned hereby certifies that I have read the above and foregoing application, know the contents thereof and that the information therein contained is true and correct. Further, I understand that I will be subject to disconnection of services in the event I do not pay my bills according to the schedule in effect, which schedule was explained to me upon installation of services, or if I change the use of the structure to one that is not permitted in the zone district.**

Owner/Responsible Party's Signature: \_\_\_\_\_ Date \_\_\_\_\_