

CITY OF SCOTTSBLUFF – COMMERCIAL UTILITY SERVICE START UP

Business Name: _____ TIN or SSN _____

Other Authorized Person(s): _____

Phone Number(s): _____

Servicing Address: _____

Different Mailing Address: _____

Email Bills: YES or NO Email Address: _____

Automatic Bank Payment: YES or NO If yes, complete bottom of this form & provide a voided check.

OWN or RENT Landlord Name: _____ Phone #: _____

Utility Emergency Contact Person: _____ Phone #: _____

If not yourself, relationship to you _____

*****Please Note: The Fire Dept. & Communication Center will be notified of your new service account.*****

Date Service Requested: _____ Signature: _____

Today's Date: _____

For Office Use Only: Deposit Required: Y or N Letter of Credit: _____ Sanitation Form: Y or N Emailed Comm Center: Y or N City Staff Initials: _____ Today's Date: _____

Please complete for Automatic Bank Payment

Utility Acct # _____ Date _____

Servicing Address _____

Bank Name _____ City _____

Bank Routing Number _____

Bank Account Number _____

You are hereby authorized and requested, until otherwise instructed, to pay and charge to my account all bills for utilities rendered against the undersigned by City of Scottsbluff.

Customer Account Signature _____