

**MAILED
DUE
CUTOFF**

**CITY OF FORSYTH
APPLICATION FOR COMMERCIAL UTILITIES**

DUE TO OUR BILLING CYCLES, YOU MAY RECEIVE A BILL FOR MINIMUM CHARGES EVEN IF YOU HAVE SERVICES FOR ONE DAY. CUTOFF DATES ARE 5 DAYS AFTER DUE DATE. NO NOTICES WILL BE SENT OTHER THAN YOUR BILL. YOUR DUE DATE IS THE ____ OF EACH MONTH.

TODAY'S DATE: _____ DATE SERVICES REQUESTED: _____

NAME OF BUSINESS: _____ FEI: _____

SERVICE ADDRESS: _____ BILLING ADDRESS: _____

BUSINESS TELEPHONE NUMBER: _____
(TELEPHONE NUMBER REQUIRED ON TAP REQUESTS)

OWNER'S NAME: _____ * PHOTO ID REQUIRED
OWNER'S ADDRESS: _____ TELEPHONE NUMBER: _____

OCCUPATIONAL TAX NUMBER: _____
INSPECTON FEE (IF REQUIRED): _____
ACTIVE PERMIT AT THIS LOCATION: ____ YES ____ NO

UTILITIES REQUESTED: **DEPOSIT AMOUNT:** **TAPS REQUESTED:** **FEES:**
LIGHTS: _____ WATER: _____
WATER: _____ SEWER: _____
GARBAGE: _____ CITY _____ BFI (IF BFI CUSTOMER MUST CONTACT)
SECURITY LIGHT: _____ (PRICES RANGE FROM \$9.50 TO \$28.50)
MODEL 10 SURGE PROTECTOR _____ \$6.00 MTH

I HAVE RECEIVED A COPY OF THE UTILITIES APPLICATION AND UNDERSTAND THAT UTILITIES REQUESTED WILL BE COMPLETED BY 5PM THE FOLLOWING BUSINESS DAY AND TAPS REQUESTED WILL COMPLETED WITHIN 5 BUSINESS DAYS.

APPLICANT'S SIGNATURE: _____

FOR OFFICE USE ONLY

RECEIPT NUMBER _____ DATE _____ ACCOUNT NUMBER _____
WORK ORDER NUMBER: _____ DATE _____
TYPE OF SERVICE: _____ NEW _____ EXISTING CASHIER: _____

FOR WATER DEPARTMENT USE ONLY

ESTIMATE COST OF BORE: _____
ESTIMATE COST OF EXTRA MATERIALS: _____
ESTIMATE NUMBER OF DAYS: _____
SIGNATURE: _____ DATE: _____