



MAILED
DUE
CUTOFF

COMMERCIAL UTILITES APPLICATION

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.

DATE: _____ DATE SERVICES REQUESTED: _____

NAME OF BUSINESS: _____ FEI: _____

SERVICE ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

BILLING ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

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

OWNER'S FIRST NAME: _____ LAST NAME: _____ * PHOTO ID REQUIRED

OWNER'S ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

TELEPHONE NUMBER: _____

OCCUPATIONAL TAX NUMBER: _____

INSPECTIONAL 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 FOLLING BUSINESS DAY AND TAPS REQUESTED WILL BE COMPLETED WITHIN 5 BUSINESS DAYS.

APPLICANT'S SIGNATURE: _____

FOR OFFICE USE ONLY

RECIEPT 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: _____