

COMMERCIAL APPLICATION FORM

Business Name: _____

Service Address: _____

Work Phone #: _____ Work Phone #2 _____

Previous Address: _____

Service Start Date: _____ Final Previous Water Account? Y or N Date: _____

Name of Responsible Representative: _____

Address: _____

City _____ State _____ Zip _____ Phone # _____

I affirm that all statements made on this form are true and correct and that I have the authority to turn on water at this location. I understand that I will be personally responsible for any unpaid bills for this entity.

Representative's Signature: _____ Date: _____

RENTAL INFORMATION

Property Owner Name: _____

Property Owner Phone # _____

IDENTIFICATION INFORMATION

Entity Federal ID# _____

Representative's SSN: _____

BILLING ADDRESS (If different from service address)

Name: _____

Street Address: _____

City: _____ State: _____ Zip+4 _____

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FOR OFFICE USE ONLY

Account # _____ Customer # _____

Storm: Y / N Fire Line Y / N Fire Hydrant Y / N

Application Fee Collected: Y/N Amount: _____ Deposit Collected: Y/N Amount: _____

Application Accepted By: _____ Application Entered By: _____ Date: _____