

Commercial Utility Application Today's Date Requested Install Date **Requirements:** ✓ Picture identification **✓** Business License ✓ Deposit ✓ \$10.00 meter fee per service requested **✓** Lease or Purchase Agreement **Service Location: Business Name:** Owner/Manager: Type of business (please complete one): Corporation --- Federal ID# Partnership ---- ID# of responsible partner **Sole Proprietor --- Social Security #** Other ---- ID# of responsible person **Business Address: Mailing Address:** Office Number: **Contact Person: Email Address: Signatures:** Date: **Signatures:** Date: WAIVER: Before any connections be made, all electric breakers and/or water valves must be turned off. Connections will be made Monday - Friday 8:30am - 4:30pm. An adult must be at the residence prior to connnection of services unless this waiver is signed. In the event we are unable to make connections at the time of the first visit as requested by the customer, a 2nd trip charge of \$50.00 will apply to connect services. THE APPLICANT WAIVES ANY LIBILITY AND AGREES TO HOLD HARMLESS THE CITY, IT'S EMPLOYEES, OFFICERS AND COUNCIL MEMBERS FOR ANY AND ALL DAMAGES TO PROPERTY AT THE SERVICE LOCATION CAUSED BY A FAILURE TO TURN OFF ELEECTRIC BREAKERS OR WATER VALVES. _____ DATE____ APPLICANT SIGNATURE Utility Billing Representative _____ (Initials)

For Office Use Only: Acct. Number		Service Number		
Lease/Purchase Agreement		Business License		Picture Ids
Deposit: YES NO		If yes, amount required:		Meter Fees:
Work order requests:	Electric	Water	Garbage	CSR Initals: