

**Commercial  
Water & Sewer Service**



Service Address: \_\_\_\_\_

Date: \_\_\_\_\_

<b>Business</b>		
Name of Business:		Business Phone:
Mailing Address:		Email:
City, State, Zip:		Hours of Operation:
Type of Business:		Previous Use of Structure:
# of Occupants	# of Off Street Parking:	# Handicap Spaces
Zoned:	Schedule of Use:	Date of Occupation:

Name of Owner:	Owner's Phone:
Home Address:	City, State, Zip:
DL#:	SS#:

Alarm Company:	Alarm Company Phone:
Emergency Contact:	Emergency Phone:

- |   | YES                      | NO                       | N/A                      | ?                        |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Does the Structure have a building number displayed?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Will there be any hazardous chemicals, materials, or processing being done at this location? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Does the Structure have a building number displayed?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you request confidentiality of your "Personal Information"?                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**If you answered yes to number 2 or 3, please explain in detail on a separate page.**

**By signing this application, I acknowledge and understand that failure to pay the utility bills by the due date will incur a late fee of \$15.00. If the utility bill is not paid within 15 days of the due date, service shall be discontinued. Service will be restored only after payment of all charges, service fees, and deposit (if applicable) are paid in full (utility ordinance section 23). In the event the customer's account is referred for outside collection assistance, customer agrees to pay all reasonable collection costs, attorney fees and those of authorized agents. \_\_\_\_\_ (Please Initial)**

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

<b>OFFICE USE ONLY:</b>		
Own	Rent	
Receipt #	Deposit	Account #:
Rec'd by:	Deposit Posted:	Copy of ID
Date Paid:	Deposit Trans From:	Copy of Lease/Ownership
Passed Inspection		Checked for Unpaid Balances