



COMMERCIAL WATER & SEWER SERVICE

Service Address: _____

Date: _____

Business		
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"/> | |
| 2. Will there be any hazardous chemicals, materials, or processing being done at this location? (If you answered yes, please explain on a separate page) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 3. Do you request confidentiality of your "Personal Information"? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

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, the customer agrees to pay all reasonable collection costs, attorney fees and those of authorized agents. __ (Please Initial)

Signature: _____ Title: _____ Date: _____

OFFICE USE ONLY:		
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



COMMERCIAL WATER / WASTEWATER

EMERGENCY NOTIFICATION FORM

This form is designed to assist the Kaufman Water Department in notifying your business in the event of an emergency, water shut off, or a major sewage stoppage. The information below will allow the department to notify your business prior to an emergency, allowing you time to prepare if possible, or immediately as an emergency happens. This will ensure the absolute minimum amount of downtime for your business.

Name of Business:	Address of Business:
Business Phone:	Owner / Manager:

Three contacts in case of an emergency. Please list the first and last name and the phone number.

1. Name:	Phone Number:
2. Name:	Phone Number:
3. Name:	Phone Number:

If your business operates with more than one shift, please list a contact person for each shift:

Please list any machinery or equipment that requires water to operate:
