

COLUMBIA CITY MUNICIPAL UTILITIES 200-248-5110
APPLICATION FOR BUSINESS OR COMMERCIAL UTILITY SERVICE
INFORMATION PROVIDED WILL BE FOR OFFICE USE ONLY

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ACCOUNT # _____
DEPOSIT DATE: _____

ELECTRIC MD: AMOUNT \$ _____ WATER MD: AMOUNT \$ _____
CONTACT OFFICE FOR AMOUNT
RECEIPT # _____ RECEIPT # _____

Today's Date: _____ Begin Service Date: _____

Address of new service _____

Billing Address: _____

Name of Business _____

Check One: _____ Sole Proprietorship _____ Partnership _____ Corporation _____ Other (Specify) _____

Tax ID # _____ Phone # _____ Year Business Established _____

List all owners, partners, shareholders, officers, etc:

Name	Address	Phone#	Soc. Sec #

If Other Than Owner Applying for Service:

Name _____ Phone # _____

Place of employment _____

Employer's Address _____

Where Did You Have Electric Service Last (Town)? _____

Name of Company & Business Address _____

References (bank, charge, credit union, etc.) _____

Have you ever had service in Columbia City before? _____ If so, When _____

FOR NEW SERVICE ONLY:

Type of Heat _____ Type of Water Heater _____

I (We) request service as described above and agree to pay all charges in connection therewith. I (We) also agree to pay CCMU's attorney fees in the event of non-payment, whether or not suit is filed.

APPLICANT'S SIGNATURE

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**NEW BUSINESS INFORMATION FOR
COMMUNICATIONS DEPT.**

BUSINESS NAME: _____

BUSINESS STREET ADDRESS: _____

BUSINESS PHONE NUMBERS: _____

AFTER HOURS EMERGENCY CONTACTS: NAMES AND TELEPHONE NUMBERS

1ST CALL: _____

2ND CALL: _____

3RD CALL: _____

4TH CALL: _____

ALARM CO. NAME & TELEPHONE NUMBER IF APPLICABLE

ANY INFORMATION CONCERNING HAZARDS IN YOUR BUILDING
