

**COLUMBIA CITY MUNICIPAL UTILITIES 260-248-5110**  
**APPLICATION FOR BUSINESS OR COMMERCIAL UTILITY SERVICE**  
**INFORMATION PROVIDED WILL BE FOR OFFICE USE ONLY**

FOR OFFICE USE ONLY

ACCOUNT # \_\_\_\_\_  
DEPOSIT DATE: \_\_\_\_\_

ELECTRIC MD: AMOUNT \$ \_\_\_\_\_ WATER MD: AMOUNT \$ \_\_\_\_\_  
**CONTACT OFFICE FOR AMOUNT** 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 \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

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

Name	Address	Phone#	Soc. Sec #
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If Other Than Owner Applying for Service:

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Place of employment \_\_\_\_\_

Employer's Address \_\_\_\_\_

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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 \_\_\_\_\_

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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

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
APPLICANT'S SIGNATURE

**NEW BUSINESS INFORMATION FOR  
COMMUNICATIONS DEPT.**

**BUSINESS NAME:** \_\_\_\_\_

**BUSINESS STREET ADDRESS:** \_\_\_\_\_

**BUSINESS PHONE NUMBERS:** \_\_\_\_\_

**AFTER HOURS EMERGENCY CONTACTS: NAMES AND TELEPHONE NUMBERS**

**1<sup>ST</sup> CALL:** \_\_\_\_\_

**2<sup>ND</sup> CALL:** \_\_\_\_\_

**3<sup>RD</sup> CALL:** \_\_\_\_\_

**4<sup>TH</sup> CALL:** \_\_\_\_\_

**ALARM CO. NAME & TELEPHONE NUMBER IF APPLICABLE**

\_\_\_\_\_

**ANY INFORMATION CONCERNING HAZARDS IN YOUR BUILDING**

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\_\_\_\_\_