



**COLUMBIA CITY MUNICIPAL UTILITIES**  
**APPLICATION FOR BUSINESS OR COMMERCIAL UTILITY SERVICE**  
 INFORMATION PROVIDED IS FOR OFFICE USE ONLY

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ACCOUNT # \_\_\_\_\_ DEPOSIT DATE \_\_\_\_\_  
 ELECTRIC MD \$ \_\_\_\_\_ RECEIPT # \_\_\_\_\_ WATER MD \$ \_\_\_\_\_ RECEIPT # \_\_\_\_\_

Today's Date \_\_\_\_\_ Service Start Date \_\_\_\_\_  
 Service Address \_\_\_\_\_  
 Billing Address \_\_\_\_\_  
 Name of Business \_\_\_\_\_  
 Check One:  Sole Proprietorship  Partnership  Corporation  Other (Specify) \_\_\_\_\_  
 Tax ID # \_\_\_\_\_ Year Business Was Established \_\_\_\_\_  
 Email Address \_\_\_\_\_

**OWNERS, PARTNERS, SHAREHOLDERS, OFFICERS**

Name	Address	Phone #	Soc. Sec #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**INDIVIDUAL APPLYING FOR SERVICE (if other than owner)**

Name \_\_\_\_\_ Phone # \_\_\_\_\_  
 Place of Employment \_\_\_\_\_  
 Employer's Address \_\_\_\_\_

**PAST SERVICE & REFERENCES**

Where Did You Last Have Electric Service \_\_\_\_\_  
 Name of Company & Business Address \_\_\_\_\_  
 References (Bank, Credit Union) \_\_\_\_\_  
 Have you ever had service in Columbia City Before? \_\_\_\_\_ If Yes, Dates of Service \_\_\_\_\_

**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 suit is filed or not.

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

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

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

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



**COLUMBIA CITY MUNICIPAL UTILITIES  
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Personal Guarantee Clause**

**Personal Guarantee:** Where service is being requested by an entity, trust, d/b/a or other similar type of applicant (collectively, the “entity applicant”), a personal guarantee is required to secure the payment of utility services and, if necessary, to pursue in collection processes regarding unpaid accounts. The undersigned must provide personal guarantee information here and execute this application as a personal guarantee. If the authorized representative of the entity applicant is not personally guaranteeing payment, the person or persons taking responsibility for such personal guarantee shall be required to complete the personal guarantee information and execute this application/agreement prior to service being provided.

**PERSONAL GUARANTEE INFORMATION (complete even if authorized representative of entity applicant)**

Name of Person Providing Personal Guarantee \_\_\_\_\_

Address \_\_\_\_\_

Social Security Number \_\_\_\_\_

Relationship to Entity Applicant \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

\_\_\_\_\_  
**Personal Guarantee Name (Printed)**

\_\_\_\_\_  
**Personal Guarantee Name (Signature)**

\_\_\_\_\_  
**Date**

**NEW BUSINESS INFORMATION FOR  
COMMUNICATIONS DEPT.**

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

**BUSINESS 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 COMPANY NAME & TELEPHONE NUMBER (IF APPLICABLE)**

\_\_\_\_\_

**ANY INFORMATION CONCERNING HAZARDS IN YOUR BUILDING**