

CITY OF ROSSVILLE
BUSINESS - UTILITY SERVICE APPLICATION

- SOLE PROPRIETOR
- CORPORATION
- PARTNERSHIP

TODAY'S DATE _____ SERVICE REQUEST DATE _____

SERVICE LOCATION _____

MAILING ADDRESS IF DIFFERENT FROM SERVICE LOCATION _____

COMPANY/LLEGAL OWNER _____ TELE# _____

DBA _____

INCORPORATED IN WHAT STATE _____ DATE INCORPORATED _____ FID# _____
IF INCORPORATED COMPLETE "CORPORATION INFORMATION SECTION" ON BACK OF THIS APPLICATION

APPLICANT'S NAME (Sole Proprietorship/Partnership) _____

DOB (Sole Proprietorship/Partnership) _____ SS# _____

DRIVER'S LICENSE # (Sole Proprietorship/Partnership) _____ STATE _____

CO-APPLICANT'S NAME (Partnership) _____

DOB _____ SS# _____

DRIVER'S LICENSE# _____ STATE _____

DO YOU (CIRCLE ONE) OWN OR RENT? LANDLORD'S NAME _____

EMERGENCY CONTACT _____ TELE# _____

ADDRESS _____
STREET CITY STATE ZIP

RELATIONSHIP TO YOU _____

****OVER****

CORPORATION INFORMATION SECTION:

Below list the full name (including middle initial) for officers of said corporation together with their address, position, date of birth, Social Security Numbers and telephone number.

<u>FULL NAME</u>	<u>ADDRESS</u>	<u>POSITION</u>	<u>DOB</u>	<u>SS#</u>
_____	_____	_____	_____	_____
TELE NO. _____				
_____	_____	_____	_____	_____
TELE NO. _____				
_____	_____	_____	_____	_____
TELE NO. _____				
_____	_____	_____	_____	_____
TELE NO. _____				
_____	_____	_____	_____	_____
TELE NO. _____				

WATER & SEWER

I/WE APPLY FOR UTILITY SERVICE AND UNDERSTAND THAT I/WE WILL BE RESPONSIBLE FOR AND AGREE TO MAKE PAYMENT OF ALL UTILITY CHARGES INCURRED (INCLUDING BUT NOT LIMITED TO: WATER & SEWER) UNTIL I/WE FURTHER NOTIFY THE CITY OF ROSSVILLE.

Signature of applicant

Date

Signature of co-applicant

Date

For Office Use Only

DEPOSIT REQUIRED _____ DATE PAID _____ RECEIPT # _____

- DEPOSIT CARD PREPARED
- DEPOSIT RECORDED ON COMPUTER RECORD
- WORK ORDER PREPARED