



APPLICATION FOR COMMERCIAL UTILITIES

DATE: _____

BUSINESS NAME: _____ PHONE: _____ CELL PHONE: _____

PARTNERSHIP: _____ CORPORATION: * _____ SOLE OWNER: _____

SERVICE PHYSICAL ADDRESS: _____

MAILING ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

EMAIL ADDRESS: _____

NAME OF OWNER(S): _____ TITLE: _____

SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____

TAX ID NUMBER: _____

OWNER ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

PREVIOUS ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

UTILITY SERVICES REQUESTED:

WATER/SEWER: _____ GAS: _____ TEL/COM: _____

HOW WOULD YOU LIKE TO RECEIVE THE UTILITY BILL? (Check one) EMAIL: _____ or MAIL: _____

BILLING WILL INCLUDE GARBAGE FEES IF APPLICABLE AS MANDATED BY DUBLIN CITY CODE -SECTION 11-34.

APPLICANT REPRESENTS THAT THE INFORMATION GIVEN IN THIS APPLICATION IS COMPLETE AND ACCURATE AND AUTHORIZES CITY OF DUBLIN TO CHECK WITH CREDIT REPORTING AGENCIES, CREDIT REFERENCES AND OTHER SOURCES DISCLOSED HEREIN IN INVESTIGATING THE INFORMATION GIVEN.

*IF A CORPORATIONS, PLEASE FURNISH A CERTIFICATE OF INCORPORATION.

CUSTOMER SIGNATURE

DATE:

ACCOUNT NUMBER

CODE

DATE

RECEIPT NUMBER

ACCEPTED BY:
