

APPLICATION FOR UTILITY SERVICE

(COMMERCIAL)

Office Use Only: New Tap Existing Service Adding Service

NATURAL GAS CUSTOMER

I understand that I must make an appointment to have my gas turned on and that I will be home at the appointed time. If I am not home at the agreed time I will be charged for each subsequent service trip to have the service turned on during working hours.

WATER CUSTOMER

If we are unable to leave your water service on because of water running at the service, a service trip will be charged to return during working hours.

Signature: _____

Date: _____

A MESSAGE TO ALL CUSTOMERS

We realize that the information required is extensive, but it helps us collect from that small percentage of customers who might try to avoid payment. This keeps our many good customers from having to cover such losses. Thank you for your understanding and cooperation.



City of Milton

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PLEASE PRINT CLEARLY

Business Name	I.D. #	Business Phone # ()
Owner: Last First Middle	Social Security #	Drivers License # and State
Date of Birth (Owner): //	Address	Home Phone #
Service Address:	City, State Zip Code ()	Service Phone#
Type of Business	Previous account ()Yes () No	Mark One ()Own ()Rent
Water Deposit Amount:	Sewer	Gas
Total Amount of Deposit:	Date Service to Begin:	Non-Refundable Service Fee:

I understand that I may terminate services by giving notice to the utility department and provide my SS# for verification purposes. I also understand that if I do not give notice as prescribed above, I shall be liable for services provided until notice is received. I understand that my service deposit is not refundable until I terminate service.

Signature:

Date:

(Please read and sign)