



CITY OF NORCROSS APPLICATION FOR COMMERCIAL UTILITY SERVICE

NEW APPLICATION FOR SERVICE: YES () NO ()

OR

TRANSFER SERVICE: YES () NO () TRANSFER ACCOUNT #: _____

DATE OF APPLICATION: _____ SERVICE EFFECTIVE (NEXT DAY): _____

BUSINESS NAME: _____ BUS. TEL #: _____

FED TAX ID NO: _____ ALTERNATE TEL #: _____

SERVICE ADDRESS: _____

CITY, STATE & ZIP: _____

MAILING ADDRESS (IF DIFFERENT FROM SERVICE ADDRESS): _____

OCCUPATION TAX REGISTRATION NO.: _____

PERSON COMPLETING THIS APPLICATION (PRINT PLEASE): _____

TITLE (PRINT PLEASE): _____

PERSON (S) AUTHORIZED TO MAKE CHANGES ON ACCOUNT:

(PLEASE INDICATE TITLE/POSITION NEXT TO EACH NAME)

CONTACT PERSON IN CASE OF EMERGENCY: _____

(PLEASE INCLUDE A VALID PHONE NUMBER AND ADDRESS)

WHERE TO PLACE DUMPSTER: _____

SIZE OF DUMPSTER REQUESTED: _____

THE UNDERSIGNED SEVERALLY AND UNCONDITIONALLY GUARANTEE THE PAYMENT OF ALL AMOUNTS WHEN DUE.

SIGNATURE: _____ DATE: _____

PRINT NAME: _____

FOR OFFICE USE ONLY:

DEPOSIT AMOUNT:

WATER: \$ _____

ELECTRIC: \$ _____

DUMPSTER: \$ _____

TOTAL PAID: \$ _____

RECEIPT NUMBER: _____

NAME OF EMPLOYEE ACCEPTING APPLICATION: _____