

COMMERCIAL UTILITY APPLICATION

Scheduled turn on date: _____

Local Business Tax ID # _____

Name: _____

Physical Address:

Mailing Address:

Business Phone #: _____ Fax Phone #: _____

Tax Id #: _____

Do you wish to receive e-mail bills? _____ E-mail Address: _____

Would you like to receive "Paperless Billing and only receive a bill via your e-mail? _____

Do you wish to set up automatic monthly bill payments? _____

Do you currently have utilities with the City of Alachua? _____

If you do have a current utility account, do you wish to close this account? _____

What is the date that the utility service is to be terminated? _____

Parties authorized to make changes to this account, other than the applicant.
_____ Relationship _____

I hereby make application to the City of Alachua for utility services and upon approval of this application I agree to abide by all ordinances, provisions, and applicable rules of the City of Alachua in regards to service of the utility system, and agree to pay for such services in accordance with rates and regulations in effect at the time of delivery. The City of Alachua collects your social security number for the following purposes: classification of accounts; customer identification and verification; customer billing and payment; creditworthiness; and other lawful purposes necessary in the conduct of our public utilities business. The City of Alachua may also release your SSN to other commercial entities engaged in the performance of commercial activities as required or permitted by law. I will be personally responsible for the payment of the utility bills rendered under this account. A security deposit of two and one half times the average bill is required for Commercial accounts.

Sign: _____ Date: _____

FOR CITY USE ONLY: Location #: _____ Account #: _____

Work Order #: Final _____ Turn on _____ New customer: Yes ___ No ___

Transferred Acct # _____ Final Date & WO# _____

Date opened: _____ Scheduled turn on date: _____

Proof of ownership verified: _____ Check for prior debt: _____ Drivers License: _____

Deposit Paid: _____ Receipt # _____ Opened by: _____