

**SUMMIT PARK PUBLIC SERVICE DISTRICT
APPLICATION FOR BUSINESS SERVICE**

ACCT # _____

WATER () SEWER () BOTH () APPLICATION UPDATE ()

PREVIOUS CUSTOMER () IF SO WHEN _____ UNDER WHAT NAME, _____

BUSINESS NAME _____

OWNER NAME _____ TAX ID NUMBER _____

IS THIS BUSINESS A CORPORATION? _____ IF YES, WHERE IS IT INCORPORATED _____

CORP. OFFICE ADDRESS _____

BILLING ADDRESS _____ PHONE # _____

SERVICE LOCATION _____ PHONE# _____

OWN () RENT () - PROPERTY OWNERS NAME _____

ADDRESS _____ PHONE # _____

ACCOUNTS PAYABLE CONTACT INFO _____
NAME AND CONTACT INFO OF MANAGER OR AUTHORIZED DECISION MAKER _____
ADDITIONAL COMMENT SECTION _____
EMAIL ADDRESS _____

TYPE OF SERVICE COMMERCIAL () TYPE _____
 INDUSTRIAL () TYPE _____
 FIRE SERVICE () TYPE _____

I AGREE THAT I WILL BE RESPONSIBLE FOR ANY DEBT AND CHARGES INCURRED FOR THE ABOVE NAMED BUSINESS AND ACCOUNT. I HEREBY AUTHORIZE SERVICE TO BE ESTABLISHED AT THE ABOVE LOCATION AND AGREE TO TIMELY PAY FOR THE FULL SERVICE UNTIL DISCONTINUED AT MY REQUEST IN WRITING OR TERMINATED BY THE UTILITY. I AGREE TO MAINTAIN CUSTOMER SERVICE PIPE, IN GOOD CONDITION AND FREE FROM ALL LEAKS AND DEFECTS AT MY EXPENSE, FROM POINT OF SERVICE TO THE BUSINESS PREMISES. POINT OF SERVICE INCLUDES THE UTILITIES PIPE AND ACCESSORIES WHICH CONNECT ANY UTILITY SERVICE PIPE WITH THE INLET CONNECTION OF A CUSTOMER'S SERVICE PIPE AT THE CUSTOMER'S PROPERTY LINE.

THIS APPLICATION IS ACCEPTED SUBJECT TO THE AVAILABILITY OF SERVICE AT THIS LOCATION.

APPLICANT'S SIGNATURE _____ DATE _____

UTILITY REPRESENTATIVE _____ DATE _____

"The following information is requested by the Federal Government in order to monitor compliance with Federal Laws prohibiting discrimination against applicants seeking to participate in this program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race/national origin of individual applicants on the basis of visual observation or surname."

RACE (mark one or more)
AMERICAN INDIAN OR ALASKAN NATIVE _____ ASIAN _____ BLACK OR AFRICAN AMERICAN _____
NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER _____ WHITE _____

ETHNICITY (CHECK ONE)
HISPANIC OR LATINO _____ NOT HISPANIC OR LATINO _____

OFFICE USE ONLY

NAME _____ ACCT # _____
CUSTOMER I.D. _____
DEPOSIT AMOUNT _____ TAP FEE AMOUNT _____
METER SIZE _____ METER SERIAL # _____
METER ROUTE _____ METER READING _____
DATE ON _____ DATE OFF _____ CUST. REQUEST () TERMINATED () _____