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 CONACT INFO_____

NAME AND CONTACT INFO OF MANAGER OR AUTHORIZED DICISION 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 ___ _____

This institution is an equal opportunity provider and employer