

S/O # _____

City of Ukiah COMMERCIAL APPLICATION FOR UTILITY SERVICES

Today's Date _____ Service Start Date _____

Business Name _____ Business Phone # _____

Service Location _____

Billing Address (if different from above) _____

Type of Business _____ Sole Proprietor Partnership Corporation

Manager/Owner Name _____ Address _____

Home Phone # _____ Emergency Contact Information _____

Have Services been provided previously? Yes No If yes, at what address? _____

Do you currently have a City of Ukiah Business License? Yes No If yes, License # _____

Federal Tax ID # or SS# _____ State ID or Drivers Lic # _____

Check boxes of utilities requested at this service location:

Electric - _____ Water- _____ Sewer- _____

REFERENCES

#1 Name _____ #2 Name _____

Address _____ Address _____

Phone _____ Phone _____

For Office Use Only

Deposit Collected Electric \$ _____ Water \$ _____ Total \$ _____

Service Charges Electric \$ _____ Water \$ _____ Total \$ _____

Reason Deposit Waived _____ Total Collected \$ _____

Please Read Before Signing

By signing this application and accepting utility service from the City I/We agree: To comply with all of the City's Customer Service Policies, including those contained in the Ukiah City Code Sections 4000-4069, as they now read or as they may be changed by the City Council. A copy is available upon written request. I/We understand and agree that the City, through its authorized employees, shall have safe access to its equipment at all reasonable times for the purpose of reading meters and testing, repairing or replacing equipment which is the property of the City. If such equipment is located where locks are required, the City shall be supplied with and retain keys to all locks giving access to city equipment. If such equipment is located where an electronic security system is required the City shall be supplied with codes or electronic keys giving access to City equipment. The City of Ukiah does not guarantee a constant or uninterrupted flow of current and will not assume responsibility for damages caused by such fluctuations or interruption unless caused by negligence of the City or its employees. I/We understand that if electricity is critical to the operation of my/our business it is my/our responsibility to provide adequate back up. I/We understand that the City shall have the right to terminate service if it discovers that any of the information is untrue or incomplete.

The information provided in this application is correct and complete to best of my/our knowledge and belief.

Applicant's Signature _____ Date _____

Printed Name _____ Title _____

I am the Owner Agent Tenant

OWNER'S NAME

BUSINESS NAME

PROPERTY/ACCOUNT #