

CITY OF AUGUSTA Date: _____
BUSINESS APPLICATION FOR UTILITY SERVICE

BUSINESS NAME: _____

CONTACT NAME: _____

Service Address: _____
Circle one: Own Rent

Type of Business: _____

Contact Phone Number: _____

Mailing or Billing Address: _____

Additional reference # or information to appear on billing: _____

IF YOU WOULD LIKE TO RECEIVE YOUR BILL VIA EMAIL:
Email Address: _____

I understand that I will be receiving my utility billing via email and will not receive a statement in the mail and that failure to receive this statement does not alter my monthly obligation. I also agree to contact the Utility Office if my email address should change.

Initial Here: _____

Federal Tax ID #: _____

If you do not have a Tax ID#, please supply a four digit pin # (recommend last 4 digits of SSN)

Tax Exempt: Yes No

Other personnel authorized on utility account:
Name: _____
Name: _____
Name: _____
Name: _____

I hereby agree to take full responsibility for all Utility Billings for this address as of _____ until I notify the City that I no longer reside at that address and close my account.

Signature: _____

Printed Name: _____ Title: _____

UTILITY OFFICE USE ONLY
Acct #: _____
Zoning: _____
Tax Exempt Cert: _____