CITY OF NEDERLAND UTILITY SERVICE APPLICATION
COMMERCIAL CUSTOMER

BUSINESS NAME _____

NEW SERVICE ADDRESS: _____

MAILING ADDRESS: _____
street address city state zip

EIN OR TIN# _____ TELEPHONE NUMBER _____

CONTACT PERSON _____ DRIVERS LICENSE _____ HOME PHONE _____

ALTERNATE CONTACT _____ TITLE _____

LANDLORD'S NAME (IF APPLICABLE) _____ PHONE _____

I understand that my utility deposit will be refunded to me in one year upon my request, providing that my utility payments are made timely. In accordance with Sec. 182.052 of the Utility Code you have a right to request that your personal account information be kept confidential. If you would like your information to remain confidential, please initial. _____.

NOTICE: THE CITY OF NEDERLAND WILL NOT BE RESPONSIBLE FOR ANY DAMAGE INCURRED BECAUSE OF LEAKS OR OPEN FAUCETS AT THE TIME SERVICE IS TURNED ON AT YOUR METER. PLEASE VERIFY ALL FAUCETS ARE OFF ON THE DATE WATER SERVICE IS TO BE ESTABLISHED.

DATE TO START SERVICE	SIGNATURE OF APPLICANT	DATE SIGNED