

City of Cleveland Commercial Utilities Service Application

<u>Deposit</u>	<u>Estimated Gallons</u>	<u>Meter Fee</u>
\$300.00	< 10,000	\$25.00
\$400.00	> 10,000 but < 50,000	\$25.00
\$500.00	> 50,000	\$25.00

*Deposit + Meter Fee due in full prior to account activation.

Own Property (must provide proof of ownership)

Rent/Lease (must provide signed rental/lease agreement)

Landlord's name: _____ Phone: _____-_____-_____

Service Address: _____

Owner's Name or Authorized Representative: _____

Business Name (DBA): _____

Tax ID or SSN#: _____ Business Phone: _____-_____-_____

Mailing Address (If different from service address): _____

What does this company make/sell/do? _____

Account Contact: _____ Title: _____

DL or ID#: _____ SS# _____

Phone: _____-_____-_____

Is the contact listed above authorized to make changes on this account? Yes No

Has business previously had water service with the City of Cleveland? Yes No

In accordance with House Bill No. 859, passed by the State Legislature and effective September 1, 1993, our customers have the right to request that we do not disclose certain confidential information. This personal/confidential information consists of your address, telephone number and social security number.

Please indicate, in the appropriate blank, your selection with regard to disclosure of your personal information.

- ___ Yes, I would like my personal information kept confidential
- ___ No, it is not necessary to keep my personal information confidential

By signing below, I certify that the above information is true and complete as of this date. I understand that it is a crime to provide false information for the purpose of obtaining utility services and if it is found that any of the above information is incorrect, services will be disconnected and the deposit will be refunded without notice. I also agree to adhere by the policies and ordinances established by the City of Cleveland.

Signature of Owner/Authorized Representative: _____ Date: _____

For Office Use Only

✓ Account # _____ - _____ - _____	Deposit Receipt # _____
✓ Completed scan for delinquent bills (initial): _____ By Name _____ By Social _____	
✓ Separate utility bill in their name for same address (attach a copy or provide account #) _____	
Type of Bill _____	Account # _____