



APPLICATION FOR COMMERCIAL WATER / SEWER / GARBAGE SERVICE

INSTRUCTIONS: Bring the completed form to the Water Office at 200 N. 5th Street M – F, 8:30 – 11:30 or 1 – 4:30, excluding holidays. To complete the form, you may: (1) print the form, hand write in the requested information, initial the acknowledgements and sign the form; or (2) save the form to your computer, type in the requested information, print the form, initial the acknowledgements and sign the form.

TO BE COMPLETED BY WATER OFFICE				
Customer #		Account #		Deposit
Receipt #		Mailing Code		Lease

REQUIREMENTS

- Applicant for business must be 18 or older and must have valid picture ID
- If renting, must provide copy of lease (name of lessee must be same as applicant)
- Deposit of \$200 paid in full (no exceptions) by cash, check, money order, or credit/debit card

TO BE COMPLETED BY APPLICANT (Please Print Neatly or Type)	
Business Name:	Phone #:
Service Street Address:	
Mailing Address (if different):	<input type="checkbox"/> Same
Name of Business Owner (First, MI, Last):	
Name of Property Owner:	<input type="checkbox"/> Same
Type of Business:	
Is the Building a New or Existing Structure: <input type="checkbox"/> New <input type="checkbox"/> Existing	
Has the Above-Named Business ever had Water Services in the City of Crockett? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, When:	



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ACKNOWLEDGEMENTS AND SIGNATURE

(Initial)	I understand I will not receive my first bill for 30 – 45 days and that a one-time service charge of \$15.00 will be added to the first bill.
(Initial)	I understand that the City of Crockett is not liable for damages incurred if there is a water leak on the property when service is connected.
(Initial)	I understand that providing false information or withholding requested information may subject me to termination of water service.
(Initial)	I understand that the City may require an additional meter deposit to protect the City from unpaid water and sewer bills, including but not limited to when the deposit amount is insufficient to pay an average monthly bill or when my account history indicates that my bill is not paid promptly as due.
I certify under penalty of prosecution that all information provided on this application is true and correct and that no requested information has been withheld.	

Applicant's Signature (must be 18 or older)

Date (mm/dd/yyyy)

Applicant's Drivers License No. and State of Issuance

Applicant's Social Security # or Tax ID #

Water Office Representative's Signature

Date (mm/dd/yyyy)