



Business Name:		Date of Application:
Service Address:		Mailing Address:
Business Phone:		If Renting-Landlord's Name and Address:
Business Tax ID	<input type="radio"/> Own <input type="radio"/> Rent	If Owner- Contract for Deed <input type="radio"/> Yes <input type="radio"/> No
Business Owner (Last Name, First, M.I.)		
Home Address		
DL Number:	SS Number:	DOB:
Home Phone Number:		
Co-Owner (Name, Address)		
Co-Owner (Name, Address)		
Have you or any Co-Owner previously had an account with us? <input type="radio"/> Yes <input type="radio"/> No		If Yes, Month/Year
Under what Name?		

-Office Use Only-

Application Date:	Date Requested for service:	Application Taken By:
Account Number:	<input type="radio"/> Owner <input type="radio"/> Renter <input type="radio"/> Landlord	<input type="radio"/> Gas Meter Liability Form
<input type="radio"/> Gas Deposited (\$130.00)	<input type="radio"/> Cash <input type="radio"/> Check# <input type="radio"/> Credit	Receipt/ Confirmation #
<input type="radio"/> Water Deposited (\$50.00)	<input type="radio"/> Cash <input type="radio"/> Check# <input type="radio"/> Credit	Receipt/ Confirmation #
<input type="radio"/> Sanitation Deposited (\$15.00)	<input type="radio"/> Cash <input type="radio"/> Check# <input type="radio"/> Credit	Receipt/ Confirmation #