

New Commercial (Business) Account Applicant Information

Account Number:		Cycle Number:									
Business Name:							Date:				
Other Responsible	a										
Party	rty Last		First			М.І.					
Service Location:						Own:		Rent:			
	Mailing Address (if different from above)										
Business Phone:				Cell Phone: _							
Email Addre	SS:										
Would you like E BILL ?		YES	NO □			ou like Auto TACH VOI				NO □	
Does address have existing TRASH CAN/DUMPSTER?		YES	NO □								
Have you had prior service in MacClenny?		YES	NO □	lf yes,	where?						
		Discla	aimer	and Si	gnature						
By signing t the liability.	below, I authorize The City of I	MacCle	nny to	turn the	water on	at the loca	tion abov	e and I wil	l ass	ume	
Signature:						Date:					
Signature:						Date:					
***DEPOSIT	FOR BUSINESS ACCOUNT V							ER.			
		FOR	OFFI	CE USE	ONLY						
DL #											
STATE:	DOB:			PYM	- AMT\$		CASH	CARD	Cł	K	
Utility Clerk:							Date:				