

**CITY OF AUGUSTA** Date: \_\_\_\_\_  
**BUSINESS APPLICATION FOR UTILITY SERVICE**

**BUSINESS NAME:** \_\_\_\_\_

**CONTACT NAME:** \_\_\_\_\_

**Service Address:** \_\_\_\_\_  
Circle one:      Own              Rent

**Type of Business:** \_\_\_\_\_

**Contact Phone Number:** \_\_\_\_\_

**Mailing or Billing Address:** \_\_\_\_\_  
\_\_\_\_\_

**Additional reference # or information to appear on billing:** \_\_\_\_\_

***IF YOU WOULD LIKE TO RECEIVE YOUR BILL VIA EMAIL:***

Email Address: \_\_\_\_\_

I understand that I will be receiving my utility billing via email and will not receive a statement in the mail and that failure to receive this statement does not alter my monthly obligation. I also agree to contact the Utility Office if my email address should change.

**Initial Here:** \_\_\_\_\_

**Federal Tax ID #:** \_\_\_\_\_

If you do not have a Tax ID#, please supply a four digit pin # (recommend last 4 digits of SSN)

**Tax Exempt:**      Yes                      No

**Other personnel authorized on utility account:**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

I hereby agree to take full responsibility for all Utility Billings for this address as of \_\_\_\_\_ until I notify the City that I no longer reside at that address and close my account.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

**UTILITY OFFICE USE ONLY**

Acct #: \_\_\_\_\_

Zoning: \_\_\_\_\_

Tax Exempt Cert: \_\_\_\_\_