



Commercial Utilities Service Application

- Own (Must provide proof of ownership)
- Rent (Must provide signed Rental/Lease Agreement)

Landlord's Name: _____

Phone: _____ - _____ - _____

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

** (All fees due in full prior to account activation)

Service Address: _____

Mailing Address: _____ City: _____ ST: _____ Zip: _____

Business Name (DBA): _____

Business Owners Last Name: _____ First Name: _____

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

Email: _____

What does this company Make/Sell/Do? _____

Account Contact:

Last Name: _____ First Name: _____

TX DL or ID#: _____ Title: _____

Phone #: _____ - _____ - _____ Email: _____

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

If yes please provide previous address: _____

Additional Authorized Account Contacts:

Last Name: _____ First Name: _____

TX DL or ID#: _____ Title: _____

Last Name: _____ First Name: _____

TX DL or ID#: _____ Title: _____

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.

Owner/Authorized Representative Signature: _____ Date: ____ / ____ / ____

For Office Use Only	
✓ Account # _____ - _____ - _____	Deposit Receipt # _____
✓ Completed scan for delinquent bills (initial) By Name: _____	By DL#: _____ By SS#: _____
✓ Copy of Current Government Issued ID(initial): _____	Proof of Ownership or Rental/Lease Agreement(initial): _____