

Waseca Utilities

COMMERCIAL Application for Service

POSITIVE ID must be shown and DEPOSIT must be submitted at the time of application.

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED!

Please print clearly and fill out all information.

Business Name		Main Phone Number	
Contact Person	Title	Phone Number	
Business Owner/Manager	Title	Phone Number	
Name of Parent Company (If applicable)			
Business Address (Physical Location)	City	State	Zip Code
Mailing Address (If different)	City	State	Zip Code
Federal Tax ID Number			

By signing this form, I will assume personal responsibility for the payment of all Utility Bills in the name of the business or in my name. Any deposit monies and/or payments may be applied to any outstanding unpaid utility bills in the name of the business or in my name. I agree to pay all legal and collection fees if incurred. If legal action is necessary, I agree to go to court in Waseca County. I declare that I am at least 18 years of age and that the above information is true and correct to the best of my knowledge.

Printed Name and Title

Signature

Date

Approved By

FOR OFFICE USE ONLY		
Account Number	Entered By	Date
<i>ROUTE ALL RENTAL ADDRESSES TO BUILDING DEPARTMENT SECRETARY</i>		