

**CITY OF CANAL FULTON
APPLICATION AND AGREEMENT FOR SERVICE**

COMMERCIAL

Date you want service to begin: _____ Account # _____ - _____ - _____

Commercial _____ Industrial _____ Church _____ School _____ Fire Line _____ Other _____

Business Name: _____

Owner Name: _____

Service Address: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone number _____ Cell number _____

Federal ID # (for Business): _____ S.S. # _____

D.L. # _____ State: _____

Will you own or rent at this new location? Own _____ Rent _____

Name of Landlord (if renting): _____

Are you currently a City of Canal Fulton customer? Yes No

If yes, please give address you are transferring from:

Account # _____

Do you want service terminated at the old address? _____ If yes, give date: _____

I (we) hereby agree to pay all charges for services at the due dates, and to conform to all regulations of the City of Canal Fulton pertaining to water and/or sewer service.

Customer Signature: _____

Beginning meter reading: _____