City of Dunn

COMMERCIAL APPLICATION FOR UTILITY SERVICE

The undersigned hereby make(s) application to the City of Dunn for the provision of all requirements of the following utility service(s) of the City of Dunn. CHECK SERVICES TO BE RECEIVED:

_____ WATER _____ SEWER ID is REQUIRED

To be provided at:_____
(SERVICE ADDRESS)

Please describe the type of business that will be offered at the above service address:_____

_____

_____

Prevailing rate(s) will be charged by the City for similar service(s) to customers similarly situated at the time said service(s) shall be received. The undersigned hereby also requests the City to make the necessary extension and connections necessary to provide the service(s) requested and agrees to pay the customary charges imposed by the City for such extensions and connections. The undersigned further understands, intends and agrees that this application shall be legally binding as an enforceable contract upon its approval and acceptance by the City of Dunn.

_____
Business Complete LEGAL NAME

Business Owner's Name_____

Business Owner's Social Security #_____
Applicable to Proprietorship and Partnership

_____ _____
Billing Address Telephone #

LEGAL STRUCTURE: ____ PROPRIETORSHIP ____ PARTNERSHIP
____ CORPORATION(Date Incorporated_____)
____ OTHER _____

_____
Name(s) of Proprietor or General/Managing Partners

_____ _____
Name of Customer's Principal Operating Officer Principal Financial Officer

Tax ID Number:_____

Bank Reference_____

Emergency Contact Person_____

Emergency Contact Phone #_____

Architect/Engineer/Contractor_____

Property Owner_____

Applicant's Signature:_____ Date:_____

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The City agrees to make the necessary extensions and connections to provide said service(s) at the customary charges for such extensions and connections.

_____ _____
Water Department Personnel Planning/Zoning Director

_____ _____
Date Date