

**CITY LIGHT & WATER**

124 W MAIN/P.O BOX 549                      OFFICE 573-783-2154  
FREDERICKTOWN MO 63645    FAX    573-783-5152

**APPLICATION FOR COMMERCIAL SERVICE**  
**ALL INFORMATION MUST BE COMPLETED**

Date: \_\_\_\_\_

New  Transfer

**Please type or print:**

Business Name:

\_\_\_\_\_

Business Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Business Phone #: \_\_\_\_\_ Business Fax #:

\_\_\_\_\_

**Service Address:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of Incorporation: \_\_\_\_\_ S.S. # / Tax ID

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

President's Name:

\_\_\_\_\_

President's Address:

\_\_\_\_\_

President's Phone #:

\_\_\_\_\_

\_\_\_\_\_

**Possession Date:** \_\_\_\_\_

Mortgage  Contract  Rent  Other

Name of Landlord/Mortgage

Company: \_\_\_\_\_

Address:

\_\_\_\_\_

Phone #:

\_\_\_\_\_

\_\_\_\_\_

IF BILL IS TO BE MAILED TO ANOTHER ADDRESS, LIST BELOW:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PLEASE CHECK TYPE OF HEATING:

ELECTRIC       GAS       OTHER

**I understand that any unpaid balances from previous addresses will be transferred to this account.**

**I understand that it is my responsibility that all breakers and faucets be turned off prior to connect.**

**I wish for any available utility deposits of mine currently on file, to be kept for this address.**

By signing below, I verify that the above information is correct to the best of my knowledge:

\_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_ Co-Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**OFFICE USE ONLY**

Account Number: \_\_\_\_\_ Deposit Rec. Number: \_\_\_\_\_

Check Number: \_\_\_\_\_ Amount: \_\_\_\_\_ Cash:  Received by: \_\_\_\_\_

Handout  Work order  Copy-ID  Copy-rent/deed  Agreement  Inspection papers   
Completed by \_\_\_\_\_