



APPLICATION FOR COMMERCIAL UTILITY SERVICE

CITY OF BAY CITY * 301 Washington Ave Room 106
Monday-Friday 7am-5pm * 989-894-8104

- Commercial Manufacturer/Industrial Non-Profit
 Owner Land Contract Rental

Account Number: _____
Office use Only

REQUIRED FOR UTILITY SERVICE: *LEASE, LAND CONTRACT, DEED, PURCHASE AGREEMENT AND PICTURE ID
All parties on required forms must be present upon application of service

Service address: _____

Mailing Address: (if different from above): _____

Business Name: _____

Fed Tax I.D #: _____

Phone Numbers: Business _____ Cell _____ Other _____

Previous Address: _____

Contact Person Name(s): _____

Social Security #(s): _____ Driver License/ID #(s): _____

Phone Numbers: Business _____ Cell _____ Other _____

Previous Address: _____

Utility deposit will be credited to the account when the service is terminated. Credit Balance will be refunded.

Utility Deposit Required: Yes _____ No _____ \$ _____ In City _____ Out City _____

LANDLORD INFORMATION FOR RENTAL CUSTOMERS

Landlord Name _____ Landlord Address _____

Landlord Phone Number: Home _____ Cell _____ Other _____

Copy of Lease provided? _____ Yes _____ No – Owner verification required

ARE YOU ELIGIBLE FOR A SALES TAX EXEMPTION? Yes _____ No _____

IF YOU ANSWERED YES TO THIS QUESTION, YOU MUST COMPLETE AND SUBMIT TO THE CITY OF BAY CITY THE MICHIGAN SALES AND USE TAX CERTIFICATE OF EXEMPTION FORM LOCATED AT:
http://www.michigan.gov/documents/taxes/3372_216612_7.pdf

Signature (s): _____ Date _____

_____ Date _____

Reviewed by: _____ Date _____

UNPAID FINAL BILLS LEFT AT A PREVIOUS ADDRESS WILL RESULT IN A REQUIRED SECURITY DEPOSIT FOR ANY NEW SERVICE.

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revised 8/29/12

Is previous address a City of Bay City account? Yes _____ Amount owed \$ _____ No _____