



# City of Milton

APPLICATION FOR UTILITY SERVICE(S)  
(Commercial)

**PLEASE PRINT CLEARLY**

Business Name		Tax ID Number	Business Phone Number (   )
Last (Owner):	First	Middle	Social Security Number /   /
Date of Birth (owner): /   /		Mailing Address	Home Phone Number
Service Address:		City,   State,   Zip code	Service Phone Number
Type of business	Email Address	Previous Account (   ) Yes (   ) No	Mark One (   ) Own (   ) Rent (   ) Other _____
<b>OFFICE USE ONLY</b>			
Water Deposit Amount		Sewer Deposit Amount	Gas Deposit Amount
Total Amount of Deposit/Service Fees		Date Service to Begin:	Nonrefundable Service Fee Amount

I understand that I may terminate services by giving notice to the Utility Department and providing my Social Security number for verification purposes. I also understand that if I do not give notice as prescribed above, I shall be liable for services provided until notice is received. I understand that my service deposit is not refundable until I terminate service.

**Signature**

**Date:**

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## APPLICATION FOR UTILITY SERVICE

(Commercial)

Office Use Only:       New Tap                       Existing Service                       Adding Service

### NATURAL GAS CUSTOMER

I understand that I must make an appointment to have my gas turned on and that I will be home at the appointed time. If I am not at the service location at the agreed time, I will be charged for each subsequent service trip to have the service turned on during working hours.

### WATER CUSTOMER

If we are unable to leave your water service on because of water running at the service location, a service trip will be charged to return during working hours.

**Signature:**

**Date:**

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### A MESSAGE TO ALL CUSTOMERS

We realize that the information required is extensive, but it helps us collect from that small percentage of customers who might try to avoid payment. This keeps our many good customers from having to cover such losses. Thank you for your understanding and cooperation.