



**UTILITY SERVICES SERVICE INITIATION FORM
COMMERCIAL ACCOUNT**

Address for New Service: _____

Mailing Address (if not the same as above): _____

Business Name: _____

Contact Name: _____ Tax ID #: _____

CONTACT INFORMATION

Business Phone #: _____ Cell Phone #: _____

E-Mail Address: _____ Fax #: _____

Landlord's Name: _____ Landlord's Phone #: _____

By signing below I certify that the information I have provided in this form is complete and correct. I understand that I will be financially responsible for any charges and fees associated with this account. I also understand that my water service may be interrupted if I fail to make timely payments on my account. If it is discovered at any time that I have an unpaid balance on this account, a prior account, or a future account, all past due amounts may be added to my current account balance. Further, I understand that if I fail to pay my bill, the City of Enid may utilize the services of a collection agency to collect my debt.

Signature: _____ Date: _____