

CITY of PAINESVILLE, OHIO -- Application for Business Utility Service

Full Name of Business _____ Property Owner _____ Property Renter _____

Service Address _____ City _____ State _____ Zip _____

Mailing Address (if different) _____ City _____ State _____ Zip _____

Federal tax ID Number _____ Occupancy Permit: _____

Business owner Name _____ Phone # _____

Drivers Lic# _____ State _____ Soc Sec# _____ Date of Birth _____

Email address _____ Would you like your bill through email instead of paper? Check here: _____

Authorized User Name _____ Title _____ Phone# _____

Authorized User Name _____ Title _____ Phone# _____

Person to notify in emergency _____ Title _____ Phone# _____

In applying for Utility Services with the City of Painesville, You, the Signer agree to and are solely responsible for the following:

- 1) *For the timely payment of all utility bills issued by the City of Painesville while service is in your business's name. If these become delinquent, the City of Painesville reserves the right to terminate your service.*
- 2) *Applicant/owner is responsible for notifying the City of Painesville utility office prior to vacating the above property.*
- 3) *If it is determined that the Business of the above address owes the City of Painesville any past due/delinquent bills you shall pay all these in Full or service will be refused. If, after the Business has established service at the above address, it is determined that the Business has a past due/delinquent bill with the City of Painesville, your current service may be disconnected until payment in Full of any prior bills is made.*
- 4) *Meters are read monthly, however, there may be times when, due to unforeseen situations we are unable to read your meter. If we are unable to read your meter due to inaccessibility of the meter, you will need to make appointments for the reads by calling our office at 440-392-5797.*
- 5) *That all information provided is correct and complete.*
- 6) *That you have read, understand, and agree to the information on this form.*

**** The City reserves the right to make changes to this policy at any time without notice*****

Name of Applicant _____ Title _____ Phone# _____

Signature _____ Date _____

****STAFF USAGE ONLY****

ACCOUNT NUMBER _____ SERVICE START DATE _____

CUSTOMER ID# _____

DEPOSIT \$ ELECTRIC _____ RECEIPT # _____ DATE _____

DEPOSIT \$ WATER _____ RECEIPT # _____ DATE _____

CLERK INITIALS _____