

## **Utilities Department**

## **New Service Checklist- Commercial/Business Accounts**

	Owner's and Responsible Party's Valid Identification (State or Government Issued ID)		
	Copy of Business Permit (if applicable)  Copy of Federal Tax ID#, EIN or SSN if none requested		
	Completed W-9		
	Certificate of Occupancy (CODE Enforcement)		
	* * *		
	Inspection cleared by CODE Enforcement  Shut off valve installed on customer's property		
	☐ Check for Previous Service (Unpaid balances must be paid before new service is rendered)		
0	Balance from prior account(s) \$		
	□ Explanation of service from Information Sheet (Give a copy to customer)		
	<ul> <li>Additional charges for trash overflow</li> </ul>		
No brush services			
□ \$			
0			
	\$ Solid Waste deposit (twice the monthly rate)		
# of Totters requested:			
	Bin Size: Pick-up Frequency	v: time(s) per week	
		•	
Applicant Signature		<b>Employee Signature</b>	
		Signature certifies that the items above	
explained in full of	detail by utility representative	were explained to the customer in full detail	
Date of Signature		Date of Signature	
For Office Use Only:			
Request Received b	y: Date Change Proc	ressed by: TCM:	