

City of Fountain Commercial Utility Application

| DATE REQUESTED: _ | |
|-------------------|--|
|-------------------|--|

Please fill in the information below: (please print)

| Name of Company or Business (ap | oplicant): |
|--|--|
| Name of Authorized Agent, Partne | r or Owner: |
| Name of Person Completing Appli | cation (if different): |
| | o obtain information on the utility account that will |
| | |
| | |
| | |
| | |
| Federal Tax ID Number: | |
| Tax Exempt: () Yes or () No (if y | |
| Do you currently have service with | FDU? () Yes () No |
| If yes, indicate type of service and | where: |
| Names of Landlord: (if you are not | the owner): |
| Phone Number of Landlord: | |
| Signature: | |
| Email Address: | |
| Internal use only: | Date sent: By: |
| Send all new application information to be | ackflow@fountaincolorado.org |
| *** Not for mobile home parks, single fam | nily homes and duplexes. These are not required by the state |