

**Application for Commercial Utility Service
Bainbridge Municipal Utilities**

Primary Name _____ Social Security # _____ - _____ - _____
Secondary Name _____ Social Security # _____ - _____ - _____
Mailing Address _____ City _____ State _____ Zip _____
Previous Address _____ City _____ State _____ Zip _____
Telephone # _____
Cell # _____

Utility Service Address _____
Utility Services Requested Electric _____ Gas _____ Water _____ Sewer _____

Property Status

_____ Own/Contract

_____ Rent / Lease

Property Owner _____

Address _____

Telephone # _____

Emergency Contact Name _____ Telephone # _____

Requested Utility Connection Date _____

Office Use Only

Account # _____ Deposit # _____

Electric (\$100.00) _____

Gas (\$200.00) _____

Water (\$50.00) _____

Sewer (\$50.00) _____

Total Deposit Amount \$ _____ .00