

COMMERCIAL APPLICATION
CITY OF SILSBEE WATER SERVICE



TO TURN WATER ON YOU NEED:

- \$300 DEPOSIT CHECK/CASH ONLY
- DRIVERS LICENSE
- W-9 OR ADDRESS DOCUMENTS

APPLICANT _____ COMPANY NAME _____
DRIVERS LIC _____ ST _____ DOB _____ SERVICE ADDRESS _____
SOC SEC# _____ BILLING ADDRESS _____
PHONE# _____
EMAIL _____ CONTACT PERSON _____
EMPLOYER NAME _____ PHONE# _____
EMPLOYER ADDRESS _____ EMAIL _____

DATE SERVICE NEEDED _____ TYPE OF BUSINESS _____

OWN RENT PROPERTY OWNER/LANDLORD/PROPERTY MGMT NAME _____
ADDRESS _____
PHONE# _____ EMAIL _____

HAVE YOU EVER HAD WATER IN THE CITY OF SILSBEE BEFORE? YES NO ADDRESS _____

SIGNATURE OF APPLICANT _____ DATE _____

FOR OFFICE USE ONLY

ACCOUNT# _____	DATE OF APP. _____
RECEIPT # _____	CHECK # _____ CASH _____ CLERK _____