CITY OF BEDFORD
Commercial Utility Service Application and Agreement

Billing Name [PLEASE PRINT]

Owner's Name

Mailing Address [Billing Address]

Owner's Driver's License

City State Zip

(_____)_____
Business Telephone Number

Owner's Position or Title

Owner's Tax I.D. Number

Business Name

Business Address City State Zip

( ) ( )
Business Telephone Number Owner's Cell Phone Owner's E-mail

Desired Date for Commencement of Water Service: _____

SERVICE ADDRESS:

A copy of the City of Bedford Regulations and Ordinances Governing Utility Service shall be made available for review upon request.

I, the undersigned, acknowledge responsibility for the timely and complete payment of all utility charges arising from utility service applied to the location identified in this application and agreement form.

Signature Date

Utility customer(s) may call the telephone number listed on the utility bill to:

Dispute the amount of the utility charge;
Request the establishment of a deferred payment plan;
Avoid the termination of utility service for nonpayment of the amount(s) shown on the utility bill;
Request restoration of utility service; and
Request answers to any other questions regarding utility service.