PO Box 551 Safford, Az 85548 Phone: (928)432-4060/Fax: (928)348-3113 717 Main St Safford, Az 85546

City of Safford
A great place to live, work, and visit

APPLICATION FOR COMMERICAL UTILITY SERVICE

All commercial accounts must pay deposits in the amount of 2.5 times the highest average usage of the service address

Must have all required documents prior to utility request and this form complete or services will be denied

***Required documents: **1.** *Tax ID* **2.** *City Business Lic* **3.** *Certificate of Occupancy*
4. *Planning & Zoning Approval* **5.** *W-9 form*

Service Location:	**Request Date:**	**Effective Date:**
Name of Company:	**Federal ID #**	**City Business License No.**
Mailing Address:	Phone:	Fax:
City/State/Zip:	President/Owner:	Planning & Zoning Approved? **Y or N**
Emergency contact name & phone:	If Division/Subsidiary, Name of Parent Company:	
Emergency contact name & phone:	Corporation ☐ Partnership ☐ Proprietorship ☐	
Email Address:	Is Certificate of Occupancy/Building Permit attached? **Y or N**	
Type of Business:	Is the W-9 form complete & attached? **Y or N**	

Services Requested By:

Name:		Title:
Address:	City/State/Zip:	Driver License/Picture ID:
Phone:	Fax:	

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein.

_____ _____
Signature *Date*

*City of Safford reserves the right to assess penalties to any amount not paid on or before the 20th of each month