

TOWN OF TRAFALGAR
WATER & SEWER UTILITY

APPLICATION FOR COMMERCIAL SERVICE

All information must be completed

Date _____ Date of Possession _____
Business Name: _____
DBA Name: _____
Business Address: _____
City /Town: _____ Zip Code: _____
Business Phone: _____
Business Fax #: _____ Business E-mail: _____
Have you ever had service in Trafalgar before? _____
If yes, list address: _____

Service Address: _____
Mailing Address: _____
(if different from above)

Date of Incorporation: _____ SS# / Tax ID# _____
Presidents Name: _____
Address: _____
City / Town: _____ Zip Code: _____
Phone # _____ E-mail #: _____
Name of Landlord / Mortgage Co: _____
Address of Landlord / Mortgage Co: _____
Phone # of Landlord: _____

By signing below, I verify that the above information is correct to the best of my knowledge and agree that, if I am a customer of the Town of Trafalgar Utility, this application and/or information contained herein may be shared with the Town of Trafalgar.

Applicant _____ Co-Applicant _____
Date _____ Date _____
Town of Trafalgar Representative: _____
Deposit: Yes ___ No ___ Amount \$ _____ Cash ___ Check # ___