

**Waseca Utilities****COMMERCIAL Application for Service**

DEPOSIT must be submitted at the time of application.  
**INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED!**  
Please print clearly and fill out all information.

<b>Business Name</b>		<b>Main Phone Number</b>	
<b>Contact Person</b>	<b>Title</b>	<b>Phone Number</b>	
<b>Email</b>			
<b>Business Owner/Manager</b>	<b>Title</b>	<b>Phone Number</b>	
<b>Email</b>			
<b>Name of Parent Company (If applicable)</b>			
<b>Service Address (Physical Location)</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Mailing Address (If different)</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Federal Tax ID Number</b>	<b>Account Number</b>		

By signing this form, I will assume personal responsibility for the payment of all Utility Bills in the name of the business or in my name. Any deposit monies and/or payments may be applied to any outstanding unpaid utility bills in the name of the business or in my name. I agree to pay all legal and collection fees if incurred. If legal action is necessary, I agree to go to court in Waseca County. I declare that I am at least 18 years of age and that the above information is true and correct to the best of my knowledge.

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**Printed Name and Title**

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**Signature****Date**

<b>FOR OFFICE USE ONLY</b>		
<b>Account Number</b>	<b>Entered By</b>	<b>Date</b>
<b>ROUTE ALL RENTAL ADDRESSES TO BUILDING DEPARTMENT SECRETARY</b>		