

CITY OF LAFAYETTE

Application for Utilities for Commercial or other

You must show proper identification.

Name of business _____ Owner's name _____

Type of business _____ Social Security number _____

Business address _____ Partner's name _____

Mailing address _____ Business phone _____

Home phone _____

Utilities requested: Electricity _____ Water _____ Natural gas _____

*Electric deposit amount to be determined by electric superintendent.

Have you had utilities with the city before? _____

If yes, where and in what name? _____

Name of last business at this address _____

Zone _____

Please, read carefully.

I understand that my utility bill will be due on the _____ of each month and should be paid within 15 days and a late charge of 10 percent will be added after the due date. Service will be disconnected if not paid within 20 days from the date the bill is mailed. A connection fee will be charged before utilities will be turned back on. Utilities will be disconnected upon finding that the structure served has been or is being used for the manufacturing of any controlled substance, as provided by Sec. 21-27 et seq. Code of Ordinance.

Notice: A false statement in this application could result in disconnection of power!
I have received a copy of the underground gas piping maintenance form.

Date _____ Customer's signature _____

Office use only

Deposit number _____ Date _____ Clerk's signature _____

Bad debt shown _____ Amount due _____ Amount paid _____

Remarks _____
