TOWN OF FAIRMONT APPLICATION FOR COMMERCIAL WATER SERVICES

SECTION ONE
NAME OF BUSINESS:
BUSINESS OWNER'S NAME:
ADDRESS:
MAILING ADDRESS IF DIFFERENT THAN ABOVE:
TELEPHONE NUMBER (BUSINESS):(HOME):
IDENTIFICATION: DRIVER'S LICENSE:
SOCIAL SECURITY NUMBER OR FEDERAL ID NUMBER:
SECTION TWO (TO BE COMPLETED ONLY IF PROPERTY IS LEASED)
NAME OF PROPERTY OWNER:
OWNER'S ADDRESS:
OWNER'S TELEPHONE NUMBER:
SECTION THREE
TYPE OF BUSINESS TO BE CONDUCTED:
PREVIOUS ADDRESS:
HAVE YOU HAD A WATER ACCOUNT WITH THE TOWN BEFORE? YES NO
IF YES, WHEN AND AT WHAT ADDRESS?
SECTION FOUR
APPLICANT'S SIGNATURE: DATE:
APPROVED BY: DATE APPROVED:
AMOUNT OF DEPOSIT PAID: PROPERTY OWNER \$75.00 TENANT \$150.00
OFFICE USE ONLY
COMMENTS: