

APPLICATION FOR COMMERCIAL SERVICE with the CITY OF ROCK FALLS, ILLINOIS

NOTE: APPLICATION SHOULD BE MADE AT LEAST THREE (3) DAYS PRIOR TO PROSPECTIVE HOOK-UP.
THIS APPLICATION IS SUBJECT TO APPROVAL BY THE BUILDING/FIRE INSPECTOR PRIOR TO ANY SERVICE BEING GRANTED.
(All buildings must meet City Codes.)

ACCOUNT NO. _____ DATE _____

SERVICE BEING APPLIED FOR: ELECTRIC WATER SEWER GARBAGE UL

BILLING NAME _____ INDIVIDUAL FIRM CORP.

BILLING ADDRESS _____ PHONE _____

BUSINESS NAME _____ TYPE OF BUSINESS _____

BUSINESS ADDRESS _____ RENTING LEASING BUYING

STATE SALES TAX NUMBER _____ NUMBER OF APARTMENT UNITS _____

OWNER OF BUSINESS _____

DRIVER'S LICENSE NO. _____ SOCIAL SECURITY NO. _____

PROPERTY OWNER _____
name address phone

GENERAL REMARKS _____

APPLICANT'S SIGNATURE _____ POSITION _____

RECEIVED BY _____ DATE _____

DEPOSIT(S) PAID: ELECTRIC \$ _____ WATER \$ _____ SEWER \$ _____

ROCK FALLS UTILITIES RECEIPT

ACCOUNT NO. _____ ACCOUNT NAME _____

SERVICE ADDRESS _____

DEPOSIT(S) PAID: ELECTRIC \$ _____ WATER \$ _____ SEWER \$ _____

THE AMOUNT OF \$ _____ HAS BEEN PAID TO THE CITY OF ROCK FALLS UTILITY OFFICE

BY _____ THIS DEPOSIT TO BE REFUNDED AT THE DISCONTINUANCE

OF SERVICE AND RECEIPT OF FINAL BILL PAYMENT.

RECEIVED BY APPLICANT SIGNATURE DATE