

CITY OF SPLENDORA

Commercial Gas Application for Service

Account Number _____

Full Legal Name of Business: _____

Full Name of Property Owner: _____

Service Address: _____

Billing Address (if different): _____

Business Phone: _____ Fax Number: _____

Tax I.D. # _____ Contact Person _____

Driver License: State _____ # _____ DOB _____

Name of authorized person(s) to make changes to your account:

1) _____ 2) _____

Have you ever had service with Splendor Utilities Department? Yes _____ No _____

If yes, under what address and name was the service listed? _____

Date of service to begin: _____

FOR OFFICE USE ONLY

Total Paid _____ Receipt # _____ Work order # _____

Security Deposit \$ _____ Turn on \$ _____ New Service \$ _____

Received By _____

Remarks _____
