

**BUSINESS APPLICATION
CITY OF CARENCRO UTILITIES
GAS, WATER, SEWER AND TRASH**

DATE: _____

NAME OF BUSINESS: _____

OWNERS NAME (If LLC): _____ PHONE: _____

SSN or TAX ID: _____
(If LLC, we need a copy of owner's driver license)

OFFICE PHONE: _____

SERVICE ADDRESS: _____

MAILING ADDRESS: _____

CONTACT PERSON FOR UTILITY BILL: _____
PHONE: _____

Email for person paying bill: _____

If purchasing water tap, which side of property line will tap be on? Right or left?

OWNER OF BUSINESS: For demographic purposes only.

GENDER: MALE _____ FEMALE _____

RACE:

AMERICAN INDIAN/ALASKA NATIVE _____

ASIAN _____

BLACK OR AFRICAN AMERICAN _____

NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER _____

WHITE _____

OTHER _____

ETHNICITY:

HISPANIC OR LATINO _____

NOT HISPANIC OR LATINO _____

OFFICE USE ONLY:

CUST#: _____ GOT#: _____ USER #: _____

DEPOSIT AMOUNT: \$ _____ DATE OF DEPOSIT: _____

GAS _____ WATER _____ SEWER _____ AWS TRASH CAN ___DUMPSTER _____
(CIRCLE SERVICES PROVIDED)

DATE OF FIRST BILL: _____

NOTE: ATTACH A COPY OF DRIVERS LICENSE

COMMENTS: _____
