

**COMMERCIAL APPLICATION
CITY OF SILSBEE WATER SERVICE**

BUSINESS NAME _____
SERVICE ADDRESS _____
MAILING ADDRESS _____

BUSINESS OWNERS NAME _____
DRIVERS LICENSE # _____

PHONE # _____
MANAGER NAME & CONTACT # _____
BILLING NAME & CONTACT # _____

LANDLORDS NAME _____
LANDLORDS ADDRESS _____
FORMER OCCUPANT _____

HAVE YOU EVER HAD WATER SERVICE BEFORE IN THE
CITY? NO _____ YES _____

IF YES, GIVE NAME SERVICE WAS IN: _____

SIGNATURE OF APPLICANT _____
DATE YOU WANT SERVICE ON: _____

****** OFFICE USE ONLY ******

ACCOUNT # ____ - ____ - ____ METER # _____

CASH _____ CHECK # _____ RECEIPT # _____