

City of St. Marys COMMERCIAL UTILITY APPLICATION AND TAX REGISTRATION

Date	Effective Date of Service	Acct #
Business Name:		
Service Address:	I	Phone #: Fax #:
Mailing Address:		
Type of Business Entity:		Federal Tax ID #:
Nature of Business Activity:		
		Staffing Service, If Applicable:
Partners:		
Name:	Title:	SS #:
~ ~		SS #:
Corporate Officers:		
Name:	Title:	SS #:
Name:	Title:	SS #:
Name:		SS #:
Name:	Title:	SS #:
If renting or leasing, please possible Name of Owner: Municipal Utilities Appli		Address:
Water		e Utility Deposit \$
	UNDERSTAND AND AGREE T	
(1) All utility bills are due and payable by the 10 th of the month.		
(2) Non-payment of bills when due will result in discontinuance of service.		
transferred, and that certain to the property taxes. At t	in charges, if not paid, can and	prior occupant(s) must be paid in full before utilities will be will be certified to the Auglaize County Auditor for addition at this address in the amount of \$ This by be issued.
Applicant:		City Clerk:
full before any service is pr		es the City of St. Marys any delinquent bills, all must be paid in ress. If after this service is provided it is found that such bills f such is made in full.
	be returned, upon application, after month in which the bill was render	er 24 billings if all due bills against my account have been paid red.
(6) If the applicant represents a legal entity other than an individual, the applicant will be personally liable for all balances created on the account after the date of this application.		
RESPONSIBLE PARTY: Date:		
Information obtained bearing will be used for the selection of the 1999 of the		

Information obtained herein will be used for the sole purpose of utility billing and income tax purposes.