



City of Springfield

Application for Commercial Service

PLEASE PRINT CLEARLY

APPLICATION DATE: _____ SERVICE CONNECTION DATE: _____

BUSINESS NAME SERVICE IS TO BE IN: _____

SERVICE ADDRESS: _____

MAILING ADDRESS (IF DIFFERENT FROM ABOVE): _____

CITY: _____ STATE: _____ ZIP: _____

OFFICE PHONE NO.: _____ FAX NO.: _____

TAX ID #: _____ BUSINESS OWNER: _____

ACCOUNTS PAYABLE CONTACT: _____ PHONE#: _____

(IF DIFFERENT FROM ABOVE)

EMAIL: _____

FAILURE TO RECEIVE A BILL DOES NOT EXCUSE NON-PAYMENT!

APPLICANT SIGNATURE: _____

FOR OFFICE USE ONLY

DEPOSIT/SERVICE INFORMATION

SERVICES AVAILABLE

- ☐ WATER
- ☐ SEWER
- ☐ GARBAGE/RECYCLING

DEPOSIT AMOUNT

- ☐ \$100.00
- ☐ No Deposit Required
- ☐ Church/Government

PAYMENT INFORMATION

- ☐ CASH
- ☐ CHECK _____
- ☐ TRANSFERRED FROM
ACCOUNT# _____

CLERK'S SIGNATURE: _____

UTILITY CLERK

METER ID NUMBER _____
BEGINNING READING _____
ACCOUNT NUMBER _____