



APPLICATION FOR SERVICE

Name of Business: _____

Service location _____ Date Service to start _____

Phone# _____

Person Responsible for bill payment:

Name _____ Phone# _____

Email: _____

(Choose One) Sole Proprietorship _____ Partnership _____ Corporation _____

Owner of Business: _____

Owner's Address: _____

If Corporation, list officers: _____

If Partnership, list partners: _____

Type of business: _____

Mailing Address if different from service location:

Permission to Contact: I consent to receive telephone calls and email messages from the City of Pleasantville, and any business associates with which the City of Pleasantville has contracted, at the phone number(s), so that the City of Pleasantville and its business associates may provide Utility information, service my account, and/or collect any amounts owed for this/these services provided.

Signature: _____

Date: _____