



**CITY OF BLOOMFIELD
BULK WATER AGREEMENT**

LOADING STATION <input type="checkbox"/>	RESIDENTIAL <input type="checkbox"/>	COMMERCIAL <input type="checkbox"/>
Account No.:		Set-up Fee: \$30.00
Corporate/Company Name:		Date:
Doing Business as:		
Mailing Address:		
City:	State:	Zip:
Business Ph:	Fax Ph:	Cell Ph:
Own: <input type="checkbox"/> Rent <input type="checkbox"/>	E-Mail Address:	
Types of Ownership		
<input type="checkbox"/> Individual/Sole Proprietorship	<input type="checkbox"/> Corporation	
<input type="checkbox"/> Partnership <input type="checkbox"/> General <input type="checkbox"/> Limited	<input type="checkbox"/> Limited Liability Company (LLC)	
<input type="checkbox"/> Non-Profit Organization Exempt 505(C) # _____	<input type="checkbox"/> Other (please list)	
Nature of Business/Project:		
City Project		
Driver's License:	State:	Social Security No.:
Other I.D.:		Birthdate:
Applicant is: Property Owner <input type="checkbox"/> Tenant: <input type="checkbox"/> Contractor: <input type="checkbox"/> Other:		
List Owners, Partners, Corporate Officers, Association Members or Shareholders		
Name:	Title:	
Social Security/CRS/FEIN (required)		
Address:		
City:	State:	Zip:
Home Ph:	Cell Ph:	Email:
Name:	Title:	
Social Security/CRS/FEIN (required)		
Address:		
City:	State:	Zip:
Home Ph:	Cell Ph:	Email:
Do you currently have or have had Utility Service with the City of Bloomfield?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Service Address:		
Does Applicant have a current business license with the City of Bloomfield?		Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please list City License #		

Does Applicant have building permits? Provide a copy.			
THIRD PARTY CONTACT:			
(must be local and other than Owner, Officers or President:			
Address:			
City:		State:	Zip:
Telephone No.:	Cell Phone:		E-Mail Address:

The undersigned has read and agrees to the following:			
<ul style="list-style-type: none"> • I will advise the Utility Department of changes in my mailing address, phone numbers, and other information related to this application. • I understand that I am responsible for all charges incurred until such time the account is closed by contacting the Utility Department. • All accounts are due IN FULL EACH MONTH. • A Penalty will be assessed on unpaid balances. • Interruption of Service will be executed on delinquent accounts. • Accounts that are deemed uncollectible are placed with collection agencies. • No third party billing. • A City of Bloomfield Business License is required for project accounts. A project account is any account whereby your costs for bulk water are passed through to your customer/contractor and will be recovered by your company. • I/We certify that I/We are authorized to execute this application on behalf of the business. • Photo I.D. is required. 			
<i>I swear and affirm under penalty of perjury that the information I have provided on this form is true and correct. Further, if this information is provided on behalf of another, I agree to act as a Guarantor for any amounts billed and owed on this account.</i>			
Applicant Signature:			
Printed:			
Co-Applicant Signature:			
Printed:			
Address:			
City:		State:	Zip:

As of February 1, 2017 our rates are:

Setup Fee	\$30.00
Monthly Base Fee	\$17.96
Water Usage per 1,000 gallons used	\$9.43
Utility Tax	5%

The bulk station is located at 1176 S Church.