



**CITY OF BLOOMFIELD
COMMERCIAL AGREEMENT**

Account No.:		Deposit:	
Corporate/Company Name:		Date:	
Doing Business as:			
Mailing Address:			
City:	State:	Zip:	
Service Address:			
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:			
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 #			

If renting, Landlord:			
Address:			
City:		State:	Zip:
Telephone No.:	Cell Phone:	E-Mail Address:	
THIRD PARTY CONTACT:			
(must be local and other than Owner, Officers or President:			
Address:			
City:		State:	Zip:
Telephone No.:	Cell Phone:	E-Mail Address:	

<p>The undersigned has read and agrees to the following:</p> <ul style="list-style-type: none"> • I agree to provide the City access to water meters Monday through Friday, 7:00AM to 5:00PM, except holidays, for the purpose of reading the meters or for any other action deemed necessary. • Plants, shrubs, vegetation will be pruned to allow access to meters. • Aggressive animals will be restrained and may not be used as a deterrent for reading and servicing of meters. • Corrals and fencing must be situated and placed so not to impede reading of meters. • Trash, Weeds and Animal Waste will be kept clean of the immediate area of the meter. • Vehicles must not be parked to hamper the reading of meters. • 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 at the specified address while utility services are in my name until such time I have notified the City of Bloomfield Utility Department otherwise. • All accounts are due IN FULL EACH MONTH. • A Penalty will be assessed on unpaid balances. • Disconnection of Service will be executed on delinquent accounts. • A Service Fee, an amount determined by the City, will be charged for tagging due to delinquent accounts, insufficient funds payments, transferring locations and funds balances. • Accounts that are deemed uncollectible are placed with collection agencies • I/We certify that I/We are authorized to execute this application on behalf of the business.

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.

Applicant Signature:			
Printed:			
Co-Applicant Signature:			
Printed:			
Address:			
City:		State:	Zip: