## **VILLAGE OF FORT LORAMIE**

## **BUSINESS UTILITY APPLICATION AND TAX REGISTRATION**

DATE:	EFFECTIVE DATE OF SERVICE		ACCT#:		
Name of Applicant or	Businesss:				
Contact Person Name	:				
Service Address:	ervice Address:Phone:				
Mailing Address:					
Email:					
Social Security # of Ap	plicant or Federal II	D #:			
		Yesvill not receive a printe	No d bill. You will receive your bill via em	nail.)	
I am renting	buying	this property.			
If renting or leasing pl	ease provide:				
Name of Owner:		Address of Owne	r:		
I the undersigned do	understand and agi	ree that:			
(2) Non-payment of bi (3) A reconnection cha (4) If a payment is retu whichever is greater a (5) I understand that it credit card for a year.	ills when due will rearge of \$60.00 will burned, I understand pplied to my accouf I have 3 returned hat my below signa	there will be a fee of sont.  payments in a year's ti		nt, sh or	
Signature of Applicant	••		Date:		