



**BOONVILLE UTILITIES SERVICE APPLICATION
COMMERCIAL**

(Please Print)

Business Name _____

Business Type _____ Tax ID # _____

Business Phone _____

Service Address _____ Service Date _____

Mailing Address _____

Contact Name _____ Contact Phone _____

Website _____

Email Address _____

Property Owner's Information

Check Here if Same as Above

Owner's Name _____ Owner's Phone _____

Owner's Address _____

If you suspect a leak or in need of your water being turned off temporarily you are to call City Hall 897-1230, if after 5pm or Holiday's and weekends call 812-474-7682. The only persons allowed inside the water meter pit are City of Boonville Employees. Failure to comply will result in a \$50.00 fine per occurrence.

Initial _____ Initial _____

FINANCIAL RESPONSIBILITY AGREEMENT AND PERSONAL GUARANTEE: I/we understand that I/we are responsible for monthly usage charges and that my/our security deposit of \$100.00 may be used against any outstanding balance should my/our accounts become delinquent. I/we understand that if any unpaid balance is assigned to a third party collection agency for collection or placed with an attorney to obtain judgment or otherwise satisfy payment of my/our account, a collection fee equal to 33 1/3% of the unpaid balance will be added to my/our account, I/we agree to pay that fee. I/we further agree to pay reasonable attorney fees and court costs if a judgment is granted against me/us. I/we agree that by providing a cell phone number on this form, I/we are providing my consent to have you or your agents call me/us at that number and any number to which it forwards from this date forward. I/we understand and agree to the above terms.

Applicant Signature _____ Date _____

Applicant Signature _____ Date _____

Office Use Only

Water Deposit Paid \$ _____ Receipt # _____ Date Paid _____

Book # _____ Account # _____ Start Date _____