



COMMERCIAL UTILITY SERVICE APPLICATION

2135 S. Ammon Road
Ammon, ID 83406

Phone: 208-612-4000
Fax #: 208-612-4009

Please print in ink or type

Service Location

Address: _____

Move in Date: _____ *Please provide Closing statement or lease.* Square Footage of Building: _____

Security System Provider Name: _____ Phone: (____) ____ - _____

Business Information

Name: _____ EIN#: _____ - _____ - _____

Mailing Address: _____
If different than service address City State ZIP Code

Phone: (____) ____ - _____ Email Address: _____

Billing Contact Name: _____ Phone: (____) ____ - _____

Manager Name: _____ Phone: (____) ____ - _____

Business Owner

Owner Name: _____

Mailing Address: _____
City State ZIP Code

Phone: (____) ____ - _____ Email Address: _____

Has the business applied for an Ammon City Business License: Yes [] No []

Has a sewer use survey been completed: Yes [] No []

Does your business have a sprinkler system: Yes [] No []

Does your business have a burglar alarm: Yes [] No []

By signing below, I acknowledge my monthly payment is due on or before the 10th of each month, whether a statement is received or not. Late fees are assessed after the 10th of each month. I also acknowledge that I have received a copy of the City of Ammon General Information Guide and understand my utility account is subject to those policies and procedures and any subsequent changes that may be adopted by the City Council.

X _____ X _____
Signature Date

Commercial Sanitation service is provided by Eagle Rock Sanitation (208) 529-5566 or (208) 589-3785

For Office Use only:	Billing Codes: Water _____	Sewer _____	Garbage _____	Fiber _____
Water Deposit: \$ _____	Receipt # _____	Date Deposit Posted: _____		
ERU Survey submitted: _____	Business License Application submitted: _____			
Account Number: _____	Completed by: _____			