COMMERICAL APPLICATION





Office Initials

SERVICE ADDRESS INFORMATION **Address Where You Would Like Service Connected:** Date to be Connected: Owner Renter Corporate **Ownership Type: Owner/Leasing Company's Name:** ACCOUNT INFORMATION **Company** Name Owner's TIN#: Name **Contact Name: Mailing Address:** State City **ZIP Code** Country (Non-US): E-Mail **Phone Number: Phone Number: Proposed Business Type** No **Enroll In E-Statements:** Yes By signing this Application for Service, you agree to Eufaula Water Works' terms of service and fee schedule as laid out in the Customer Handbook and pages available at eufaulawaterworks.com Applicants / Account Holder's Name: **More Information:** 840 W Washington St, Eufaula, AL 36027 PO Box 26, Eufaula, AL 36072

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