

CITY OF GRAHAM
APPLICATION FOR COMMERCIAL UTILITY SERVICE
P.O. BOX 1449, GRAHAM, TEXAS 76450
PHONE 940-549-3322 FAX 940-549-5030

ACCT# _____ SERVICE CHG: \$ 75.00 DUE WITH APPLICATION
(TO BE ASSIGNED BY CITY OF GRAHAM)

APPLICATION DATE _____ BEGINNING SERVICE DATE _____

NAME OF BUSINESS _____

TYPE OF BUSINESS _____

BUSINESS ADDRESS _____

BILLING ADDRESS _____

BUSINESS PHONE # _____

FED ID # _____ TAX EXEMPT _____ YES _____ NO

OWNER NAME _____ DL # _____

NEED COPY OF D.L.

SS# _____ OWNER PHONE # _____

DATE OF BIRTH _____ CELL PHONE _____

CO-OWNER NAME _____ DL # _____

NEED COPY OF D.L.

SS# _____ OWNER PHONE # _____

DATE OF BIRTH _____ CELL PHONE _____

CONTACT NAME _____

CONTACT PHONE # _____ CELL PHONE _____

SIGNATURE _____ DATE _____

ONE TIME SERVICE CHARGE OF \$75.00 DUE UPON SUBMITTING APPLICATION