



2135 S. Ammon Rd
 Ammon, ID 83406
 Phone: 208-612-4000
 Fax: 208-612-4009

COMMERCIAL UTILITY SERVICE APPLICATION

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

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: _____
