



TOWN OF BERLIN UTILITIES

Application for Commercial Services

Services: Electric Water or Wastewater or Storm Water
 Tenant Owner

Date to Begin Service: _____

Business Name: _____

First/Last Name: _____
(Contact Person)

Federal ID: _____

Mailing Address:

House Number / Street: _____

City: _____

Zip Code: _____

Home Phone Number: _____ Work Phone Number: _____

Service Location Address:

House Number / Street: _____

City: _____

Zip Code: _____

Note: A deposit or credit letter may be required in some situations to initiate service.

Have you ever previously received utility service from the Town of Berlin? YES NO

If Yes: Address: _____

Account Number: _____

Name on account: _____

Customer Signature _____ Date _____

Town Representative _____ Date _____

Utility Service Application Check List

1. Application completed and signed _____
2. Copy of Driver's License attached to Application _____
3. Deposit quoted and collected _____
4. Letter of credit received from previous utility if waiving deposit _____
5. Applicant checked for previous service with the Town _____
6. Applicant checked for Collections _____
7. Copy of Lease _____
8. Move in/out procedure completed _____
9. Print service order _____
10. Added to clipboard for turn on _____
11. Logged into Deposit Log _____
12. Put packet in Outstanding Deposit File _____