

Application for Commercial Utility Service

Please return the completed application to:



Finance Department
 City Hall 1339 Griffin Ave
 Enumclaw, WA 98022
 Phone: 360 825-3591*1
 Fax: 360 825-1429
 Email: utilities@ci.enumclaw.wa.us

<i>Office Use Only</i>	
Customer Name:	_____
Account #	_____
Staff Name & Date:	

*** PLEASE COMPLETE ALL FIELDS * INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED***

Business Name:	
Business Phone:	Fax:
After Hours Contact Phone:	
Email Address:	
Driver's License # or UBI # :	
Last 4 of SS# or Tax ID #:	
Effective Date of Service:	
Service Address:	Mailing Address (if different than service address):
Owner <input type="checkbox"/> Renter <input type="checkbox"/>	Business Owner/President, Address & Phone:
<i>If renter, provide owner's name, address & phone #</i>	
Previous Utility Customer with the City?	Emergency Contact (name and phone #):
<i>If yes, list addresses and dates:</i>	
Garbage service is REQUIRED within the City Limits of Enumclaw. (EMC 8.12.030) Please indicate the level of service desired. <input type="checkbox"/> 20 gal mini-cart; \$15.98/mo <input type="checkbox"/> 32 gal cart; \$18.88/mo <input type="checkbox"/> 64 gal cart; \$26.62/mo <input type="checkbox"/> 96 gal cart; \$34.35/mo Dumpster Service; \$139.77/mo (1.5 CY) How many pickups per week? _____ Preferred days? (Mon-Fri only) _____ Desired Days may be subject to change, you will be contacted by the City Shops if there is a scheduling conflict.	
<input type="checkbox"/> 96 gal recycling cart; \$10.98/mo. Number of carts requested _____ Pick up is every 2 weeks	
Yard waste pick-up is available on alternate weeks to City Commercial Accounts at \$12.84 per month. Please indicate if you would like this service. Yes <input type="checkbox"/> No <input type="checkbox"/>	
<i>I certify that the above information is true and correct to the best of my knowledge and I agree to pay all utility bills associated with the above property.</i>	
Signature:	Date: / /