



TENANT APPLICATION FOR COMMERCIAL UTILITY SERVICE

CITY OF BAY CITY 301 Washington Ave Ste 106
Monday-Friday 7am-5pm 989-894-8104

Rental ****DEPOSIT REQUIRED**

IF UNSATISFACTORY OR NO CREDIT HISTORY EXISTS, A DEPOSIT WILL BE REQUIRED
(Utility deposit will be applied to the account when services are terminated. Any credit balances will be refunded)

**The Utility may require a cash deposit of not more than three times an estimated average monthly billing, other form of account security acceptable by the utility and/or agree to accelerated payment terms as a condition of new service for accounts who's estimated average monthly bill is \$50,000+.*

Utility Deposit Required: \$ _____

- Electric & Water/Sewer Electric Only Water/Sewer Only Existing Service Other*
- \$1000 \$500 \$500 12 mo average based
On previous history
at premises

REQUIRED DOCUMENTS: LEASE AND PICTURE ID - ALL PARTIES ON LEASE MUST BE PRESENT

Service address: _____
Mailing Address: _____

Business Name on Lease: _____

Fed Tax ID #: _____

Business Phone Number: _____ Cell _____ Other _____

Tenant Signature: _____ **Date:** _____

Business Owner Name: _____

Driver License/ID #: _____ Social Security # _____ Date of Birth: _____

Address: _____

Business Phone Number: _____ Cell _____ Other _____

Signature: _____ **Date:** _____

Contact Name: Property Manager, Corporation, or LLC: _____

Business Address: _____

Business Phone Number: _____ Cell _____ Other _____

Signature: _____ **Date:** _____

LANDLORD INFORMATION (If no lease is provided, owner signature is required):

Landlord Name _____ Contact Number: _____

Landlord Signature: _____ **Date:** _____

ARE YOU ELIGIBLE FOR A SALES TAX EXEMPTION? Yes No

IF YOU ARE ELIGIBLE FOR A SALES TAX EXEMPTION, YOU MUST COMPLETE AND SUBMIT TO THE CITY OF BAY CITY THE MICHIGAN SALES AND USE TAX CERTIFICATE OF EXEMPTION FORM LOCATED AT: http://www.michigan.gov/documents/taxes/3372_216612_7.pdf

Office use only

Is previous address a City of Bay City account? Yes _____ Amount owed \$ _____ No _____ *New Account Number: _____

Reviewed by: _____ Date: _____