

CITY OF SCOTTSBLUFF
Commercial Start Up Service

Business Name: _____ TIN or SSN _____

Other Authorized Person: _____ Email Bills: Yes or No
Email _____

Servicing Address: _____ Automatic Bank Payment: Yes or No

Different Mail Address: _____ Phone # _____

Cell or Work # _____

Own OR Rent - Landlord Name & Phone #: _____

Contact Person in case of utility emergency:

Name _____ Phone # _____

If not yourself, Relationship to you:

****Please Note: The Fire Dept. and Communication Center will be notified of your new service account.****

Date of Service _____

Signature _____ **Today's Date** _____

For Office Use Only	
Deposit Required Y or N	City Staff taking request _____
Sanitation Form Y or N	
Letter of Credit From: _____	Date _____
Sent email to Comm Center Yes and No	