



Clerk Initials:

COMMERCIAL UTILITY APPLICATION

Please complete all information. Incomplete applications may delay service.

BUSINESS INFORMATION

Legal Business Name:

DBA / Trade Name (if applicable):

Federal EIN / Tax ID: Occupational License Number:

Primary Business Phone: Business Email:

Business Structure: ☐ Sole Proprietorship ☐ Partnership ☐ LLC ☐ Corporation ☐ Nonprofit

Other: Type / Nature of Business:

SERVICE ADDRESS (Where utilities will be provided)

Service Address:

City: State: Zip Code:

Requested Service Start Date:

MAILING / BILLING ADDRESS (If different from service address)

Mailing / Billing Address:

City: State: Zip Code:

PROPERTY OWNERSHIP / LANDLORD INFORMATION

Does the business own the property? ☐ Yes ☐ No

If no, Property Owner / Landlord Name: Phone:

RESPONSIBLE PARTY / BUSINESS OWNER INFORMATION

Full Legal Name: Title / Position:

Primary Phone: Email: Date of Birth:

Driver's License #: State: Social Security Number:

AUTHORIZED BUSINESS REPRESENTATIVE

Name: Title / Position: Phone:

Email: Relationship / Authority:

PRIOR CITY OF MINDEN COMMERCIAL SERVICE

Has this business or responsible party previously had City of Minden utility service? ☐ Yes ☐ No

If yes, Previous Service Address:

Previous Business / Account Name (if different):



REQUIRED DOCUMENTS

Please provide copies of the following, as applicable:

- ☐ Valid Government-Issued Photo ID of the person establishing the account
- ☐ Proof of Ownership OR Current Signed Lease Agreement
- ☐ Completed W-9 for the business
- ☐ Occupational License / License documentation
- ☐ Authorization documentation, if applicant is not an owner/officer/authorized manager

ACCOUNT SECURITY / AUTHORIZED CONTACT

Account Security PIN (4 digits): Person Completing Application:
Title / Position: Phone: Email:

CUSTOMER CERTIFICATION & UTILITY POLICY ACKNOWLEDGMENT

By signing below, I certify and acknowledge the following:

1. I certify that the information provided on this application is true and complete and that I am authorized to establish utility service for the business named above.
2. I authorize the City of Minden to verify information provided for the purpose of establishing and maintaining utility service.
3. I understand that the account is responsible for all utility charges incurred until service is properly terminated in accordance with City policy.
4. I acknowledge the current utility rates, required deposits or security, due dates, late fees, and disconnect/reconnect policies.
5. I understand that providing false or incomplete information may result in denial or termination of utility service as permitted by applicable law and City ordinance.
6. I agree to notify the City of Minden of changes to the business, ownership, authorized contacts, billing information, or other information provided on this application.

Authorized Signature

Date

Printed Name / Title

OFFICE USE ONLY

- ☐ Applicant identity verified
- ☐ Business information / W-9 verified
- ☐ Existing customer/account history searched
- ☐ Prior balance checked
- ☐ Lease/ownership documentation verified
- ☐ Property ownership / landlord verified
- ☐ Occupational license verified
- ☐ Applicant authority verified
- ☐ Application scanned/attached to account

Tyler Account #:

Previous Balance: \$

Total Due at Setup: \$

COMMERCIAL DEPOSIT / SECURITY

Calculated Deposit: \$

Security Method:

☐ Cash ☐ Surety Bond ☐ LOC

Calculated By:

Approved By:

Approval Date:

WATER STATUS / APPOINTMENT

☐ Water is ON ☐ Water is OFF

Appointment Date:

Appointment Time:

Customer must be present:

☐ Yes ☐ N/A