



City of Fountain
Commercial Utility Application

DATE REQUESTED: _____

Please fill in the information below: (please print)

Name of Company or Business (applicant): _____

Name of Authorized Agent, Partner or Owner: _____

Name of Person Completing Application (if different): _____

Name of Parties that will be able to obtain information on the utility account that will be established: _____

Service Address: _____

Billing Address: _____

Local Phone Number: _____

Corporate Phone Number: _____

Federal Tax ID Number: _____

Tax Exempt: () Yes or () No (if yes attach tax exempt certificate)

Do you currently have service with FDU? () Yes () No

If yes, indicate type of service and where: _____

Names of Landlord: (if you are not the owner): _____

Phone Number of Landlord: _____

Signature: _____

Email Address: _____

Internal use only: _____ **Date sent:** _____ **By:** _____

Send all new application information to backflow@fountaincolorado.org

*** Not for mobile home parks, single family homes and duplexes. These are not required by the state of Colorado to test.