

Commercial Application for Service



Applicant Name: _____ Applicant Phone: _____
 Business Name: _____
 Service Address: _____ City: _____ State: ____ Zip: _____
 Billing Address: _____ City: _____ State: ____ Zip: _____
 Business Phone: _____ Fax: _____ Email: _____
 Emergency Contact Person: _____ Title: _____ Phone: _____
 Owner of Building (If different than Applicant): _____ Phone: _____
 Date to Start Service: Next Day (\$25) Same Day (\$50) Other _____

FACILITY INFORMATION:

- Does the Business location have a lease agreement? YES NO
- Do you have a copy of the lease agreement? YES NO
- Will your Business require City Sanitation Service (Trash Pickup)? YES (If Yes see additional form) NO
- Describe the type of business to be conducted at this location (auto repair , machine shop, restaurant, medical care, food processing, etc.) _____
- If your business is a restaurant or other type of Food Service Establishment, it is mandatory that fats, oil, and grease pretreatment be provided in accordance to the City of Glasgow Ordinance 1948. Please describe what type of devices will be installed or utilized: _____
- Does your facility contain over 12,000 square feet? YES NO
- How many fire sprinkler heads exist or will be constructed in the facility? _____
- What type of cross connection plan will be or exist at your facility? _____

The Glasgow Water Company is not responsible for any damage incurred at time of water connection due to open faucets or water lines.

It is agreed that by submitting this application for service, the information contained herein is true and correct and the customer has reviewed the Glasgow Water Company Rules and Regulations and agrees to abide by and comply with the Rules and Regulations as its utility customer.

 Printed Name of Customer Customer Signature Date

OFFICE USE ONLY		
Engineering (reviewed by): _____	Date: _____	
Pretreatment (reviewed by): _____	Date: _____	
Service Available: Water _____ Sewer _____	Fire Protection _____	
Approved Connection: Water (meter size/fee) _____ / _____	Sewer (tap type/fee) _____ / _____	
Account #: _____	Meter #: _____	Work Order #: _____
Inside City: _____	Outside City: _____	School District: _____

