



# Requirements for Establishing Commercial Utility Services

## Welcome to the City of East Point!

Commercial Utility Service is established between the hours of

8:00 AM-3:30 PM - Monday-Friday

**Electric Services Only: \$150 Deposit / Connection Fee: \$60**

**Electric & Water Services: Electric: \$150 Deposit / Water: \$100 Deposit / Connection Fee: \$60**

**Temporary / T-Pole: \$150 Deposit / Electric: \$150 Deposit / Connection Fee: \$60**

**Water Services Only: \$100 Deposit / Connection Fee: \$60**

### REQUIRED DOCUMENTS TO ESTABLISH COMMERCIAL UTILITY SERVICE

- Current Driver’s License/ State Issued ID
- Copy of Lease Rental Agreement or Deed
- Federal Tax Identification Number
- Notarized Letter of Authorization (*if you’re not the actual Owner, Lessee, Tenant*)
- Copy of Business License (in the event the Business License is not available, a copy of the Business License Application with Receipt and Certificate of Occupancy Releases can be provided.)
- If you are Incorporated (Corporation or Limited Liability Corporation), we need the pages of your Corporation paper that shows the names of the Officers and Seal from the Secretary of State’s Office.
- All new Commercial accounts will be activated within **72 hours** of the account being initiated, between the hours of 8:00 AM – 3:30 PM,
  - Monday-Friday (*Holidays and weekends are not included*)

**One additional document is required from this category:**

Original Social Security Card	Current US Passport	Current Debit/Credit Card
Birth Certificate	Current Military ID	Health Insurance Card



# Commercial Utility Service Application

**I understand the following: (1) falsification of any information may result in immediate discontinuance of utility service without notice; (2) there will be a charge of \$60.00 connection fee (3) failure to pay my utility accounts in accordance with the Customer Care Department's policies will result in discontinuance of service; (4) failure to pay my final bill after any deposit refunds will result in the account being submitted to collections. I will, as a result, incur all collection costs.**

Date Service Requested: \_\_\_\_\_

Name of Business: \_\_\_\_\_

D/B/A: \_\_\_\_\_

Service Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

E-Notifications: Yes  No  Email Address: \_\_\_\_\_

**Type of Business:** Corporation  Partnership  Sole Proprietorship  Federal Tax ID#: \_\_\_\_\_

**Services Requested:** Electric  Temp Power  **Optional Services:** Security Lights  Irrigation

Please provide address of previous service(s) with the City of East Point:

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Owner/Lessee/Tenant: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_ DL/ID : \_\_\_\_\_

Authorized Speaker: \_\_\_\_\_ Phone#: \_\_\_\_\_

Applicant's Employer (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_ Phone#: \_\_\_\_\_

### WAIVER OF LIABILITY TO CONNECT UTILITY SERVICES

**RELEASE AND WAIVER OF LIABILITY:** Property Owner/Lessee/Occupant hereby RELEASES, WAIVES and DISCHARGES the City of East Point Utilities, its successors and assigns, and its officers, employees, agents and consultants, from all liability, loss, claims, damages, possible or actual causes of action, cost, attorneys' fees, and other expenses arising from any actions, claims, arbitrations, demands or lawsuits that may otherwise accrue, including claims for or relating to damages, loss or injury to persons or property, in any way resulting from or related to the connection of the Utility services to this property, from any cause whatsoever.

By signing below, I am stating that I have read this agreement and understand the possible ramifications of allowing Utility services connection without a responsible party on the premises and that I am the Owner/Lessee/Occupant of the property listed above:

Signature of Applicant/Lessee \_\_\_\_\_

Signature of Spouse or Other Occupant \_\_\_\_\_

Date: \_\_\_\_\_ Phone Number: \_\_\_\_\_