



**CITY OF MANASSAS
APPLICATION FOR SOLE PROPRIETOR**

SERVICE REQUEST DATE	TODAY'S DATE
NAME	SOCIAL SECURITY #
CO-APPLICANT	SOCIAL SECURITY#
T/A	
SERVICE ADDRESS	
BILLING ADDRESS	
TELEPHONE#	

BUSINESS LICENSE RECORDED: _____

OCCUPANCY PERMIT ISSUED: _____

FOR INFORMATION ON BUSINESS LICENSE CALL 703-257-8214

FOR INFORMATION ON OCCUPANCY/SPECIAL USE PERMIT CALL 703-257-8278

I UNDERSTAND THAT A PENALTY WILL BE ASSED ON BILLS NOT PAID BY THE DUE DATE AS SHOWN ON THE BILL AND SERVICE MAY BE DISCONTINUED FOR NON-PAYMENT. THE UNDERSIGNED WILL BE RESPONSIBLE FOR PAYMENT ON ALL UTILITY CHARGES UNTIL NOTIFICATION IS GIVEN TO DISCONNECT SERVICE. I ALSO DECLARE THAT THE INFORMATION PROVIDED IS TRUE, FULL AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

NOTE: IT IS A MISDEMEANOR FOR ANY PERSON TO WILFULLY MAKE ANY FALSE STATEMENTS IN ORDER TO RECEIVE UTILITY SERVICE. (CODE OF VIRINIA SECTION 18.2-186)

APPLICANT'S SIGNATURE

CO-APPLICANT'S SIGNATURE

OFFICE USE ONLY:

NEW ACCOUNT# _____ **OLD ACCOUNT#** _____

<input type="checkbox"/> NEW ACCT	<input type="checkbox"/> DEP WVD-GOOD HIST	<input type="checkbox"/> ELECTRIC SERVICE ONLY
<input type="checkbox"/> TRNSFR	<input type="checkbox"/> LETTER OF CREDIT	<input type="checkbox"/> WATER SERVICE ONLY
<input type="checkbox"/> DEP REQRD	<input type="checkbox"/> DEP TRNSFRD TO NEW ACCT	<input type="checkbox"/> ELECTRIC,WATER,SEWER,REFUSE