



City of Manassas VIRGINIA

DEPARTMENT OF UTILITIES CUSTOMER SERVICES
POST OFFICE BOX 560 MANASSAS, VA 22110 (703) 257-8219

APPLICATION FOR UTILITY SERVICE FOR CORPORATIONS

Corporation Name _____

Tax ID# _____

T/A _____

Type of Business _____

Service Address _____

Connect Date _____

Today's Date _____

Telephone Number _____

Name, Title and Address of Three Officers:

1) Name _____

Title _____

Address _____

2) Name _____

Title _____

Address _____

3) Name _____

Title _____

Address _____

Mailing Address _____

When recorded with Virginia State Corporation Commission _____

Other utility service in City _____

When connected? _____

Deposit required _____

Business License Recorded? * _____

AN OCCUPANCY PERMIT IS REQUIRED FOR ALL COMMERCIAL SERVICE. More information: 703-257-8278

I understand that a Penalty will be assessed 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 for 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 willfully make any false statements in order to receive utility service. (Code of Virginia Section 18.2-186).

Account No. Assigned: _____

(Please notarize)

Signature, Title _____