COMMERCIAL APPLICATION FOR SERVICES

Please PRINT CLEARLY for accuracy and attach proof of ownership or rent receipt
(**Security deposit required if property is not owned by applicant).**

Please check services requested:

☐ Water	☐ Sewer	☐ Gas
Sanitation is included if property is located inside Parsons City Limits		

Business Name _____

Name of Individual
Responsible for this Account _____ Title _____

Service Address _____

Mailing Address _____

Paper Bill _____ or Email Bill _____ Email _____

DL#/State _____ EIN # _____ Business # _____ Cell # _____

DOES IT HAVE A COMMERICIAL KITCHEN? ☐ YES ☐ NO
IF YES; MUST HAVE A GREASE TRAP IN COMPLIANCE WITH CITY OF PARSONS RULES AND REGULATIONS.
(GIVE GREASE CONTROL PAMPLET BEFORE SERVICE IS TURNED ON)

Have you received service from the City of Parsons before? **YES NO**
If Yes, When _____ Location _____

List other Utility Companies you had service with: _____

Credit References (1) _____ (2) _____

The applicant hereby agrees to comply and be bound with and be subject to all applicable Federal and State Laws, City Ordinances and Resolutions, Utility Department Rules and Regulations, and Public Works Department Rules and Regulations. This institution is an equal opportunity provider. _____ (*Initial)*

Parsons Gas department does not maintain any piping on the customer side of the meter. It is the customer's responsibility to maintain any exposed or buried piping that is owned by the customer. The customer should periodically inspect for leaks and corrosion. You, the customer, should repair any unsafe condition that may exist. All excavating near buried gas piping should be done by hand (no mechanical equipment such as backhoe or trencher). The buried piping should be located in advance of any excavating. Plumbers and/or heating contractors can assist you in locating, inspecting and repairing your customer owned buried piping.
_____ (*Initial)*

I, the undersigned, do hereby understand and agree to the above requirements. All customers inside the city will receive sanitation service and are required to pay for services in accordance with City Rules and Regulations. To the best of my knowledge, I certify that the above information I provided is a true and accurate statement. If accepted, this application shall constitute a contract for services between said applicant and the City of Parsons. ____ (*Initial)*

Applicant(s) Signature_____ Date_____