



**GREAT BASIN WATER CO.  
COMMERCIAL CUSTOMER APPLICATION**

TODAY'S DATE: \_\_\_\_\_ SERVICE EFFECTIVE and/or TURN-ON DATE: \_\_\_\_\_  
(No earlier than next business day)

SERVICE ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**SELECT ONE:**

NAME CHANGE TO AN EXISTING SERVICE (Please fill out additional questionnaire)

OR

NEW SERVICE INSTALL METER SIZE: \_\_\_\_\_ APN: \_\_\_\_\_ UBL: \_\_\_\_\_

(This application or the depositing of any sum of money by the Applicant shall not require Utility to render service until the expiration of such time reasonably required by Utility to determine if Applicant has complied with the provisions of the Utility's then applicable Tariff required by the Utility to install the required service facilities).

**ENTITY & APPLICANT INFORMATION**

ENTITY NAME: \_\_\_\_\_ TAX ID: \_\_\_\_\_

BRIEF DESCRIPTION OF THE BUSINESS: \_\_\_\_\_

APPLICANT/CONTACT PERSON: \_\_\_\_\_ TITLE: \_\_\_\_\_

PHONE: \_\_\_\_\_ ALTERNATE PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ PAPERLESS BILLING?  YES  NO

MAILING ADDRESS: \_\_\_\_\_

(If different from service address)

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

Please mark the following in relation to the Applicant's responsibility for this service address. **SELECT ONE:**

RENTER/TENANT OWNER/LANDLORD NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

AGENT FOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

OWNER: PURCHASED FROM: \_\_\_\_\_ DATE: \_\_\_\_\_

Please submit evidence that you are the owner, tenant or agent for the owner of the property.

CUSTOMER SIGNATURE: X \_\_\_\_\_

**-----OFFICE USE BELOW-----**

NEW SERVICE INSTALLS		CHANGE TO AN EXISTING SERVICE	
Amount Paid:		Taken By:	
Received By:		Date:	
Payment Date:		Service Charge:	
Check #:		Deposit:	
Account #:		Attach Name Change Questionnaire	
Reapportionment Fees:			
Meter Location:			



**GREAT BASIN WATER CO.  
Name Change for Existing Service  
Questionnaire**

Please fill out the following questionnaire ONLY if you are a new owner/renter and service has been previously established at this address:

1. Please mark the following in relation to the Applicant's responsibility for this service address:  
**SELECT ONE:**

RENTER/TENANT       OWNER'S AGENT

Owner, Landlord or Property Manager Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

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

OWNER

If your selected Owner, please provide a copy of your Grant, Bargain, Sale Deed or other legal document showing proof of ownership.

2. Name of authorized person to sign the agreement: \_\_\_\_\_

3. Company Name: \_\_\_\_\_

4. What type of business will be conducted at this property? \_\_\_\_\_

\_\_\_\_\_

5. Will there be any modifications to the building? \_\_\_\_\_

(If making modifications which will increase the sewer fixture count – a plumbing design of the interior of the building must be submitted.)

-----OFFICE USE BELOW-----

CSR: \_\_\_\_\_ DATE: \_\_\_\_\_

NOTES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_