

City of Nicholasville

Application for Service (Business)

Date Deposit Refunded _____

Business Name _____

Service Address _____

Phone Number _____

City, State, Zip _____

Owner (If more than one owner, include
multiple applications)

Owner Social Security Number _____

Mailing Address (If Different) _____

Employee use only

PAID

Electric:	\$	_____	_____
Water:	\$	_____	_____
Sewer:	\$	_____	_____

Total Deposit: _____

Account Number: _____

Fax Number _____

Business ID Number _____

Owner Drivers License _____

Date Service Requested _____

Deposit Transferred
from this Address

Deposit Transferred to
this Address

I hereby request utility service (electric/water/sewer) at the address indicated above, subject to the rules, regulations, and conditions of the City of Nicholasville Code of Ordinances. The undersigned does hereby agree to pay all bills and all costs including penalties, interest fees, and collection fees for non-payment. We understand that we are responsible for all unpaid services for all utilities provided by the City of Nicholasville. We further agree and understand that upon failure to make timely payments for all utilities both past and present gives the City of Nicholasville the right to discontinue or refuse services for utilities. Solicito por este medio servicios publicos (electricidad, agua, drenaje) a la direccion indicada arriba, conforme a las reglas, regulaciones y condiciones del codigo de ordenanzas de la ciudad de Nicholasville. El que suscribe acuerda por este medio pagar todas las cuentas y todos los costos incluyendo penalidades, intereses por comisiones y costos de sorios responsables por todos los servicios no pagodas y que hayan sido proporcionados por la ciudad de Nicholasville. Convenimos y entendemos que de no pagar a tiempo todos los servicios, tanto los ultimos como presentes pados, damos el derecho a la ciudad de Nicholasville de suspender o rechazar los servicios a los usuarios.

Revised 04/06

Employee Initials _____

Customer Signature _____

Date _____