

**CITY OF FAIRFIELD BUSINESS  
ELECTRIC SERVICE APPLICATION**

City Customer # \_\_\_\_\_

The undersigned hereby agrees that in the event the account becomes delinquent, the applicant shall pay, in addition to the account balance, all costs of collection, reasonable attorney fees, and other costs incurred by the **CITY OF FAIRFIELD** in connection with the collection of the balance due for utility services rendered.

If any false or fraudulent information is provided by an applicant, the **CITY OF FAIRFIELD** retains the right to immediately disconnect utilities upon discovery of presentation of false information.

By signing below, I acknowledge that I have read and received a copy of this application regarding the nonrefundable connection fee by the **CITY OF FAIRFIELD**.

Date \_\_\_\_\_

Business Name \_\_\_\_\_

BY: Applicant Name \_\_\_\_\_ Title \_\_\_\_\_

Mailing Address \_\_\_\_\_

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

E-Mail \_\_\_\_\_

Business Phone # \_\_\_\_\_ Business Fax # \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Applicant Signature \_\_\_\_\_

*This Section to be filled out by the Office. Do not write below this line.*

FEIN# \_\_\_\_\_