



City of Bloomington
Utilities Commercial Customer Contract

Please mail this form to CBU, P.O. Box 2500, Bloomington, IN, 47402-2500; or fax to (812) 331-5407

Please include a photocopy of your picture ID (driver's license, student ID)

Please type or print full legal entity name:

Corporate Name: _____

Name most commonly known as (if applicable): _____

Service Address: _____

Mail Attention: _____

Mailing Address: _____

Date of Incorporation (Day-Month-Year): _____ State of Incorporation: _____

Federal ID #: _____ Business Phone #: _____

Contact Person: _____ Contact Phone #: _____

I am the Property Owner [] Tenant [] Other [] (explain): _____

Name of the Property Owner: _____ Owner's Phone #: _____

Requested Date of Change: _____ Customer Acct #: _____

I am a new customer to City of Bloomington Utilities: Yes [] No []

In the event of an emergency concerning your water and/or wastewater service, please provide us with the following emergency contact information:

Name: _____ Telephone: _____

I hereby contract with City of Bloomington Utilities (CBU) for service and agree to pay CBU for such service in accordance with its established rates. I also agree to conform to all CBU Rules, Regulations, and Standards of Service and applicable Indiana law, governing the use of water, wastewater, and stormwater, now in force or which may hereafter be adopted.

Signature: _____ Date: _____

Title of individual signing for business or organization: _____