



City Of Bloomington Utilities

Commercial Customer Contract

Please mail this form to CBU, P.O. Box 2500, Bloomington, IN, 47402-2500

Or email to utilities.cs@bloomington.in.gov

Company Name:

Service Address:

Mailing Address:

Email Address:

Date of Incorporation: / /

State of Incorporation:

Federal Tax ID or Employer Identification Number:

Business Phone:

Contact's Name and Title:

Contact's Phone:

Requested Date of Change (Monday through Friday, excluding Holidays): / /

How would you like to receive your bills: Mail ☐ Email ☐ Both ☐

In the event of an emergency related to your water and (or) wastewater service, please provide the following emergency contact information:

Name:

Phone:

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, stormwater, and sanitation, now in force or which may hereafter be adopted.

Signature:

Today's Date: / /

For Office Use Only, Account Number: