

APPLICATION FOR UTILITIES SERVICE

(NON-OWNER OCCUPIED)

THE UNDERSIGNED, BEING THE OWNER OR AUTHORIZED AGENT OF THE OWNER OF THE PREMISES DESCRIBED BELOW, DOES HEREBY ACKNOWLEDGE THAT THE OWNER OF SUCH PREMISES WILL BE HELD LIABLE FOR ANY UNPAID UTILITY CHARGES WHICH MAY BE ASSESSED AGAINST SAID PREMISES IN THE EVENT THAT SUCH CHARGES ARE NOT PAID BY THE OCCUPANT REQUESTING AND USING SUCH SERVICES. BY SIGNING BELOW, THE OWNER EXPRESSLY ASSUMES SUCH LIABILITY AND ACKNOWLEDGES THAT ANY UNPAID UTILITY CHARGES MAY BE CERTIFIED TO THE COUNTY AUDITOR FOR PLACEMENT ON THE TAX DUPLICATE AND COLLECTION AS OTHER VILLAGE TAXES IN ACCORDANCE WITH VILLAGE ORDINANCES.

THE OWNER DOES FURTHER STATE AS FOLLOWS:

[] THIS AUTHORIZATION IS LIMITED SOLELY TO THE PRESENT TENANT OF SUCH PREMISES. BY CHECKING THIS BOX, THE OWNER ACKNOWLEDGES THAT A NEW AUTHORIZATION WILL HAVE TO BE SIGNED AND FILED FOR EACH NEW TENANT.

_____ NAME OF TENANT #1	_____ ADDRESS OF PREMISES #1
_____ NAME OF TENANT #2	_____ ADDRESS OF PREMISES #2
_____ NAME OF TENANT #3	_____ ADDRESS OF PREMISES #3
_____ NAME OF TENANT #4	_____ ADDRESS OF PREMISES #4

[] THIS AUTHORIZATION IS TO BE CONSTRUED TO BE A BLANKET AUTHORIZATION FOR THE PREMISES DESCRIBED BELOW AND MAY BE RELIED UPON BY THE GEORGETOWN UTILITIES DEPARTMENT FOR ANY AND ALL TENANTS OCCUPYING SAID PREMISES UNTIL EXPRESSLY REVOKED BY THE OWNER OF SUCH PREMISES.

_____ ADDRESS OF PREMISES #1	_____ ADDRESS OF PREMISES #2
_____ ADDRESS OF PREMISES #3	_____ ADDRESS OF PREMISES #4

[] THIS AUTHORIZATION IS TO BE CONSTRUED TO BE A BLANKET AUTHORIZATION FOR ANY PREMISES NOW OWNED OR HEREAFTER ACQUIRED BY SUCH OWNER AND MAY BE RELIED UPON BY THE GEORGETOWN UTILITIES DEPARTMENT FOR ANY AND ALL TENANTS OCCUPYING ANY PREMISES BELONGING TO SUCH OWNER UNTIL EXPRESSLY REVOKED OR MODIFIED BY THE OWNER OF ANY SUCH PREMISES.

_____ NAME OF OWNER	_____ TELEPHONE NUMBER
_____ OWNER'S ADDRESS	_____ CITY, STATE, ZIP CODE
_____ BUSINESS ADDRESS, IF OTHER	_____ CITY, STATE, ZIP CODE
_____ SIGNATURE OF OWNER OR AGENT	_____ SIGNATURE OF CO-OWNER OR AGENT
_____ DATE	_____ DATE

Office Use:
(Attach Proof of Ownership)