



City of Brantford

220 Colborne St., PO Box 515, Brantford, ON N3T 6L6 email: customerservices@brantford.ca
Customer Services – Utilities Phone: 519-756-1360 Fax: 519-753-9884

COMMERCIAL ACCOUNT– APPLICATION FOR SERVICE

I/We the undersigned hereby certify that I/We will assume full responsibility for all utility accounts that will become owing to The City of Brantford. I/We agree that at any time during my Tenancy of the above property, the City of Brantford, may where it deems necessary, communicate to my landlord the amount of the arrears on the account

General Information:

PLEASE PRINT

Service Address of Property _____ Occupancy Date: _____

Legal Name of Firm _____ Business # _____

Name of Parent Company if subsidiary _____

Principal Business Address: Street _____

City _____ Province _____ Postal Code _____

Phone No. _____ Fax No. _____ Email address _____

Type of products sold (Please describe) _____

At present location since (Date) _____ Principal Bank _____

Is business incorporated? YES NO Bank Address _____

If yes, date incorporated _____ Bank City _____

Do you OWN LEASE your principal place of business After Hours Contact Phone No. _____

Leased from _____ Landlord Phone No. _____

Names, home addresses, and home phones of Principal(s) or Owners(s), sole proprietorship or partnership.

	Name	Address	Home Phone
1.	_____	_____	_____
2.	_____	_____	_____

Company _____

By _____
(Signature business owner(s), Officer or Agent) (Please print name)

Title _____ Date _____

By _____
(Signature business owner(s), Officer or Agent) (Please print name)

Title _____ Date _____