



**CITY OF PELLA**  
**825 BROADWAY ST.**  
**PELLA, IA 50219**  
**PHONE 641-628-4173 FAX 641-628-3120**

**APPLICATION FOR SERVICE – COMMERCIAL**

Name of Business: \_\_\_\_\_

Service Location: \_\_\_\_\_ Phone #: \_\_\_\_\_

Date Service to start: \_\_\_\_\_ Federal ID #: \_\_\_\_\_

Name of Person Responsible for bill payment: \_\_\_\_\_  
(Last Name) (First Name) (Middle Initial)

*(choose one):* Sole Proprietorship Partnership Corporation

Owner of Business: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

If Corporation, list officers: \_\_\_\_\_

If Partnership, list partners: \_\_\_\_\_  
\_\_\_\_\_

Owner of building: \_\_\_\_\_

Type of business: \_\_\_\_\_

Mailing Address if different from service address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Permission to Contact:** I consent to receive telephone calls, text messages and email messages from the City of Pella, and from any business associates with which the City of Pella has contracted, at the phone number(s) and email address associated with my account (including wireless telephone number(s), so that the City of Pella and its business associates may provide Utility information, service my account, and/or collect any amounts owed for this/these service(s) provided.

I understand that I may be charged for calls and/or texts by my wireless carrier, and methods of contact may include prerecorded or artificial messages and/or use of an automated dialing system.

Signature: \_\_\_\_\_

Current Date: \_\_\_\_\_ Provide picture ID: (copy id on application)