

## Commercial Electric Service Application

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**\*Please return to Elk River Municipal Utilities using the contact information listed above.\***

Service Address: \_\_\_\_\_ Unit/Suite: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Business Name (as shown on tax return): \_\_\_\_\_

DBA: \_\_\_\_\_

Type of Business (retail, restaurant, production, general office) \_\_\_\_\_

Federal Tax ID #: \_\_\_\_\_ Social Security # (Req. for Sole-Proprietor) \_\_\_\_\_

Authorized Signer/Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Accounts Payable Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Is the business Sales Tax Exempt?  Yes  No If yes, complete and return ST3 form.

Check one:  Rent  Own

**If rent, Name of Property Manager/Owner:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**If own, Name of Property Manager:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

Lease Start/Closing Date: \_\_\_\_\_ Service Start Date: \_\_\_\_\_

## Load Information

(ERMU requires information to estimate load and monthly usage)

Hours of operation: \_\_\_\_\_ Service size (amps) \_\_\_\_\_

Square footage of facility: \_\_\_\_\_ Rewire?  Yes-Proposed add'l kW \_\_\_\_\_  No

Square footage office space \_\_\_\_\_  Single Phase  Three Phase

Production/retail space \_\_\_\_\_ Voltage: \_\_\_\_\_

Machinery/equipment description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

12 months past electric bills and previous facility square footage (if applicable)

Electrician contact information: \_\_\_\_\_

I am an authorized agent/signer for the business named above. I agree to pay a \$20 application processing fee required for all new Commercial Utility Applications. I understand that a credit check will be completed for the business and the business owner for sole-proprietorships. I also understand that a Service Agreement must be signed and a deposit will be required to be paid before service is started. The deposit amount will be outlined in the Service Agreement and shall be up to and no more than 3 times the highest estimated monthly usage.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Printed Name** \_\_\_\_\_ **Title:** \_\_\_\_\_

Internal Office Use Only:

Estimated monthly bill: \_\_\_\_\_ Calculated by: \_\_\_\_\_ Date: \_\_\_\_\_

Deposit required: \_\_\_\_\_ Calculated by: \_\_\_\_\_ Date: \_\_\_\_\_