



CITY OF SUMAS  
Utility Billing Department  
**Commercial Utility Service Agreement**

**\*\*Return completed form to  
abons@cityofsumas.com or  
drop off at Sumas City Hall**

**Account #:** \_\_\_\_\_

<b>Application Date:</b> _____			
Date to Start Service: _____		Own:	Rent:
Service Address: _____			
Services Requested:	Electric:	Water:	Sewer:
<b>APPLICANT INFORMATION</b>			
Legal Company Name: _____			
DBA: _____			
Company Phone No.: _____		State UBI (Tax ID) No.: _____	
Owner/Manager: _____		Phone No: _____	
<b>BILLING INFORMATION</b>			
Billing Address: _____			
*If different from service address.			
Billing Phone No.: _____			
Billing Email: _____			

By signing this utility service agreement, I understand that I am entering into a contract with the City of Sumas for the utilities that I have applied for. Furthermore, I understand that all amounts listed on the monthly utility bill and/or deposit statements are due in full by the 25<sup>th</sup> of each month, and non-payment can result in disconnection of services until payment and all applicable fees are received.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date