



City of Dover

RE: Commercial Service Form

Dear Applicant:

The City of Dover Electric Department requires each application for service for a Commercial Account to furnish a copy of the following:

1. Occupant's signed lease or settlement document or property deed
2. If available, please present State of Delaware business or professional license
3. Completed Commercial Service Form
 - **Corporations must provide one of the following:**
 - (1) Corporate Seal or State letter of incorporation
 - (2) List all officers on the form
4. When leasing property, a new service deposit equal to three times the average monthly bill or comparative service, or a minimum of \$250.00 (*check or money order*), whichever is greater.

Electric services will be denied until all areas stated meet City requirements.

City of Dover
Customer Service Department
302-736-7193 Fax
302-736-7035 Office

P.O. Box 475, Dover, DE 19903-0475



City of Dover

COMMERCIAL SERVICE FORM

Section A – Information Regarding Business (Service Location Address):

BUSINESS NAME:
STREET ADDRESS:
PHONE: ACCT#:
EMAIL ADDRESS:

Structure: Corporation/Limited Partnership/General Partnership/Sole Proprietor/Limited Liability Company (Please circle one.)
Federal Tax ID#: Social Security No.:

If Billing Address is different than the above, complete the following:

Bill to: C/O
Address:
City:

Section B – Information Regarding Owner, Officers, Members, Partners, or Agent:

- A. If Corporation, Limited Liability Company or Limited Partnership was circled above, please list all Officers, Members, and/or Partners below.
(Use Section B - continuation sheet if more than one Owner/Officer.)
B. If a Corporation, please affix the corporate seal to the bottom of this form.

FULL NAME:
HOME ADDRESS:
CITY: STATE: ZIP CODE:
HOME PHONE: BUSINESS PHONE:

Note: If acting as an agent for the owner, a notarized letter of authorization for the owner is required prior to connection of service.

Title Signature
Witness City Employee Signature

- Affix Corporate Seal here. Date:



City of Dover

COMMERCIAL SERVICE FORM – SECTION B Continuation Sheet

FULL NAME: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE: _____ BUSINESS PHONE: _____

FULL NAME: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE: _____ BUSINESS PHONE: _____

FULL NAME: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE: _____ BUSINESS PHONE: _____

FULL NAME: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE: _____ BUSINESS PHONE: _____

Title

Signature

Title

Signature

Title

Signature

Title

Signature

Witness

City Employee Signature

Date: _____