



## COMMERCIAL UTILITY SERVICE APPLICATION

To apply for commercial utility service the following items must be submitted:

1. **Commercial Utility Service Application**
2. **Copy of Business License (if not available, a copy of the Business License application and paid Business License application receipt may be provided).**

I hereby certify that the information contained herein is true and correct to the best of my knowledge and belief. I acknowledge that these statements are made for the purpose of obtaining service from Liberty Utilities – California Pacific Electric Company, and that any information that is missing or purposely misleading may result in delay or denial of service, and may lead to criminal prosecution.

Name (Owner, Partner or Officer): \_\_\_\_\_

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date Service Requested: \_\_\_\_\_ Type of Business (i.e. Apartment, Restaurant) \_\_\_\_\_

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

Service Address (number and street): \_\_\_\_\_

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

Billing Address (number and street): \_\_\_\_\_

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

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

**Circle One:**      **Sole Proprietor**                  **Partnership**                  **Corporation**

Federal Tax ID: \_\_\_\_\_ Social Security # or Driver's License #: \_\_\_\_\_

Days/Hours of Operation: \_\_\_\_\_ Square Foot of Business: \_\_\_\_\_

**If bills are mailed out of town, please provide name, address and phone # of local contact.**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

Name of Landlord: \_\_\_\_\_

Mailing Address (number and street): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

**If a corporation, please provide the following information:**

Name of Parent Corporation: \_\_\_\_\_

Mailing Address (number and street): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

Resident Agent's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

**If a partnership, please provide name, home address, and phone for each partner (attach additional sheet(s) if necessary):**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

NOTE: Please be advised that a deposit is required for all new commercial accounts. Your deposit may be waived with current/prior satisfactory credit in the same business name, an irrevocable letter of credit, current excellent credit report from Dun & Bradstreet, or surety bond (if required deposit is over \$5,000).

PLEASE RETURN TO: Liberty Utilities (CalPeco Electric) LLC 933 Eloise Ave., South Lake Tahoe, CA 96150  
Fax: South Lake Tahoe 530-544-4811 – North Lake Tahoe 530-581-0341