

Commercial Utility Service Application



The Mayor & Council of Middletown
19 West Green Street
Middletown, DE 19709
PHONE: (302) 378-2711
FAX: (302) 378-9172
www.middletownde.org

Business Name: _____ Service Address: _____

Mailing Address for Utility Bill (if different from above): _____

City _____ State _____ Zip _____

Contact Name: _____ Cell Phone #: _____

Home Phone #: _____ Driver's Lic. # _____ State: _____ Exp.: _____

Federal ID # (required): _____

Email Address: _____

Send me an e-bill, I'd like to go Paperless! Yes _____ No _____

Landlord Name: _____ Landlord Phone #: _____

Landlord Address: _____ City _____ State _____ Zip _____

- I understand that bills are due monthly. A 6 percent (%) late fee will be assessed seven (7) days after the due date on the bill. Failure to receive bills shall not prevent such bills from becoming delinquent nor relieve the customer of his/her obligation.
- If service is disconnected due to non-payment, a \$25 disconnection fee and a \$25 reconnection fee will be assessed, and the customer must bring current all charges to restore service.
- A payment made with a bad check will be considered non-payment, and will be subject to immediate disconnection without notice. A \$50 fee will be assessed and the customer must pay the returned check amount, plus the \$50 fee, by cash, debit, credit card or money order to restore service. Disconnect and reconnect fees will also apply. Two returned checks within a 12-month period will result in the account becoming cash only for one (1) year.
- The customer is responsible for payment of all utility charges at this address until a service termination request form is received, no less than 24 hours before moving and a final meter reading has been made by the Town of Middletown.
- Once a service termination request form is received, the deposit will be credited to the final bill. A bill will be issued for the difference if the final charges are more than the deposit. If the final bill is less than the deposit, a refund check will be issued for the difference and mailed to the forwarding address provided by the customer.
- I give permission to the Town of Middletown to take the actions needed to locate me if I leave a bill unpaid.

Signature

Date

By signing above, I agree to make payment for all services rendered by the Mayor and Council of Middletown and understand the policies stated above.

Office Use Only:

Payment Received by: _____

Photo ID checked: _____