

APPLICANT INFORMATION - COMMERCIAL			
Company Name:		Date:	
Accounts Payable Contact:			
Physical Address of Business:		Mailing/Billing Address:	
Segment:		Legal Description: Sect _____ TwnSp _____ Rg _____	
Contact Information:	Main Phone: () _____		Fax Number: () _____
	Mobile Phone: () _____		Do you prefer text alerts? Y N
	Email Address: _____		
	Do you prefer receiving billing/information by email? Y N		
DEMOGRAPHIC INFORMATION			
Tribal Affiliation (ownership):		Enrollment Number ¹ :	
Non-Profit Organization: Y N		Tribal Program: Y N	
REQUESTED SERVICES INFORMATION			
Solid Waste Services: Y N		Annual Septic Cleanout Services: Y N	
Multiple Locations ² : Y N		Multiple Locations: Y N	
Current Water System:			

By signing this application, I agree that I went through the consultation process with the Three Affiliated Tribes Public Works Division staff and agree that the information I have provided is true to the best of my knowledge. I understand that if I opted to receive text message alerts that I am responsible for charges billed to my personal cellular services for receipt of any/all messages sent from Public Works and its affiliate departments.

Print/Signature of Applicant

Date

¹ If enrolled, a copy of enrollment card/certificate must be submitted with this application.

² Attach list of all locations to be serviced – physical addresses. If homes, list number of bedrooms and total people living in home.