



# *Facsimile Transmittal*

To: \_\_\_\_\_

From: \_\_\_\_\_

Fax: \_\_\_\_\_

Date: \_\_\_\_\_

Phone: \_\_\_\_\_

Pages: \_\_\_\_\_

Premise #: \_\_\_\_\_

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

Customer #: \_\_\_\_\_

Fax #: 775-834-3028

Re: Establishing Commercial Utility Service

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## **Comments:**

To apply for commercial service, you must fill out the attached Commercial Utility Service Application and return with a copy of your Business License, or Business License application and receipt.

**Deposit:** Please be advised 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).



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).

The above information may be faxed to 775-834-3028 or delivered to our business office.

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 Sierra Pacific Power 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. Restaurant, Apartment...): \_\_\_\_\_

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

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

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

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

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

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

(Check One)  Sole Proprietor  Partnership  Corporation

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

Days/Hours of Operation: \_\_\_\_\_ Sq. Ft. 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).