# This form may be filled out electronically in Microsoft Word by using the “TAB” KEY

\*Company Name: Click here to enter text.

\*Business Address 1: Click here to enter text.

Business Address 2: Click here to enter text.

\*City/Town: Click here to enter text.

\*State: Click here to enter text.

\*Zip Code: Click here to enter text.

\*Phone: Click here to enter text. Ext.: Click NOTE: Do not format phone numbers!

Fax: Click here to enter text.

\*Emergency Phone Number: Click here to enter text.

Parent Company: Click here to enter text. Leave Blank if No Parent Company

Website: Click here to enter text.

Comments: Click here to enter text.

\*Please list **all** Cities/Towns the utility is located in: Click here to enter text.

**Note: Any item with an asterisk (\*) must be filled out!**