



Application For Establishing  
**NEW COMMERCIAL UTILITY SERVICE**

Service Required:     Electricity                       Natural Gas  
                                  Business                               Municipal                       State                       Federal  
                                  Owner                                       Tenant/Lessee

Requested Service Turn-On Date: \_\_\_\_\_

*Please note: Request will be completed within three (3) working days of receipt. No service connections will be made on Saturdays, Sundays or holidays. Access to the main breaker and/or gas must be unobstructed (i.e. locked gate, shrubs, dog).*

Deposit Amount: \_\_\_\_\_

*The amount of the deposit is calculated as twice the customer's estimated monthly bill, based on the utility's estimate of a commercial customer of similar size and character. The deposit will be applied to the first monthly bill. This deposit will be refunded after one year of satisfactory monthly payment of utility service with Island Energy.*

**The following information is required to establish service:**

Company Name: \_\_\_\_\_  
(Please Print)

Name to appear on account: \_\_\_\_\_

Service Address: \_\_\_\_\_  
Street  
\_\_\_\_\_  
City                                      State                                      Zip

Billing Address: \_\_\_\_\_  
If different from                      Street  
Service Address                      \_\_\_\_\_  
City                                      State                                      Zip

Home Phone: (     )                      Cell Phone: (     )                      Work Phone: (     )

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Name of Previous Utility Provider (please print)                      Name of Account Holder (please print)

\_\_\_\_\_  
Previous Address                                      City/State/Zip

\_\_\_\_\_  
NAICS Code                                      Tax ID Number

\_\_\_\_\_  
California Driver's License Number                      State                                      Expiration Date

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

I hereby request electrical and or gas service at the above address, and agree to pay for this service in full on a monthly basis at the rates prescribed by the tariffs now in effect or hereafter enacted, until I notify Island Energy in writing to discontinue the service.

**Tariffs Applicable to Island Energy:**

The gas and electric Tariffs and Rate Schedules applicable to Island Energy utility services are available for viewing at our office upon request. They are also available on our internet website at [www.islandenergy.com](http://www.islandenergy.com).