



**City of Palo Alto  
Request for Commercial Services**  
Please Print (All Fields Required)

Service Address

Business Name

Phone #

Mailing Address if different from service address

Email Address

Business Owner

Phone #

Federal Tax ID

Start Date

North American Industry Classification System (NAICS) #

Principal's Name

Title

Phone Number

Social Security No. (in the case of no tax id)

Principal's Name

Title

Phone Number

Account Contact

Title

Phone Number

Individuals with disabilities who require accommodations to access City facilities, services or programs, or who would like information on the City's compliance with the Americans with Disabilities Act (ADA) of 1990, may contact the City's ADA Coordinator at (650) 329-2550(voice) or email [ada@cityofpaloalto.org](mailto:ada@cityofpaloalto.org).

**Office Use**

CSR

Date

Account#

Deposit

**City of Palo Alto  
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1. Are any of these meters shared between buildings? Yes  No

If Yes, please advise which services and the addresses they service.

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2. If you are unable to provide us your NAICS code, please use this space to describe the business conducted. Be as detailed as possible and start with the primary activity.

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**Deposit Information**

A deposit is required for a new application for service. A deposit is also required for reconnection after termination of service. Deposits are credited to accounts upon termination of service, or after 36 months of good payment history, whichever comes first. Please see Utilities Rules and Regulation -7 at [www.cityofpaloalto.org](http://www.cityofpaloalto.org) for further information. The amount of deposit required for a Commercial Account shall be determined based on estimated Utility Services Charges for a three-month period (three times the monthly average)

**Note: Utilities Rules and Regulations of the City of Palo Alto do not allow payments of interest on deposits.**

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The undersigned applicant hereby applies to the City of Palo Alto Utilities for utility service(s). In consideration for receiving utility service(s), the applicant agrees to abide by all of the Utilities Rules and Regulations as approved by City Council of Palo Alto

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Signature Title Phone Date

**If you have any questions regarding this form or the service(s) you are applying for, please call the Customer Service Center at 650-329-2161. Completed forms can be faxed to 650-321-2786**

City of Palo Alto Utilities, Customer Service Center 250 Hamilton Ave., Ground Floor, Palo Alto, CA 94301  
Tel. 650 329-2161 Fax. 650-321-2786 Hours Mon – Thur 8:00 am to 5:30 pm Friday 8:00 to 4:30 pm  
Email: [UtilitiesCustomerService@cityofpaloalto.org](mailto:UtilitiesCustomerService@cityofpaloalto.org) Web: <http://www.cityofpaloalto.org/depts/utl/default.asp>