



**TAT Utilities**  
 307 5<sup>th</sup> Ave  
 New Town, ND 58763

Office: (701) 627-5291 Fax: (701) 627-5295  
 Located on the 3<sup>rd</sup> floor of the TERO/Energy Building

<b>COMMERCIAL APPLICATION</b>			
Company Name:		Date:	
Accounts Payable Contact:			
Physical Address of Business:		Mailing/Billing Address:	
Segment:		Legal Description:	
		Sect _____ TwSp _____ Rg _____	
Point of 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		
<b>DEMOGRAPHIC INFORMATION</b>			
Tribal Affiliation (ownership):		Enrollment Number <sup>1</sup> :	
Non-Profit Organization:    Y    N		Tribal Program:    Y    N	
<b>REQUESTED SERVICES INFORMATION</b>			
Annual Septic Cleanout Services:    Y    N		Multiple Locations:    Y    N	
Current Water System:			

By signing this application, I agree that I have gone through the consultation process with the Three Affiliated Tribes Utilities 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 TAT Utilities and its affiliate departments.

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

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

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