

UTILITY USERS TAX (UUT) REGISTRATION FORM

This Application is for:

(Please check appropriate box)

<input type="checkbox"/>	Initial Registration
<input type="checkbox"/>	Change in Ownership* <i>(Please provide prior owner info: name, address, & phone # in space below)</i>
<input type="checkbox"/>	Change in Location

Name of Company:		
Street Address:		
City:	State:	Zip Code:
Name of Contact:		Title:
Phone number:		Business Hours: (include time zone)
Fax number:		

Please check type of utility service(s) you provide:

<input type="checkbox"/>	Natural Gas	<input type="checkbox"/>	Cellular Telephone
<input type="checkbox"/>	Electric	<input type="checkbox"/>	Water
<input type="checkbox"/>	Local Telephone	<input type="checkbox"/>	Non Core Gas
<input type="checkbox"/>	Long Distance	<input type="checkbox"/>	Other

I declare under penalty of perjury that the information is true and correct to the best of my knowledge:

Sign: _____ **Date:** _____

Title: _____