Account Number:	(Office Use Only)
Deposit Amount Paid:	

SARDINIA UTILITIES

Commercial Application for Utility Service

Name of Applicant:	Telephone Number:	
Social Security / EIN #		
Address of Premises to be Served:		
Mailing Address for Billing:		
lave you or any person responsible for this business ever had uti	tility service with us before: Yes No	
f "Yes", give previous address:		
Oo you rent, own, or have a land contr	ract at the address of the premises to be served?	
f you are not the owner, please list the owner's name:		
f renting, the owner of the premises must complete a landlord ap	application before utility service can be issues.	
Itility Services Required:	Date when services are to be put in your name:	
,	Signature of Applicant Date	
Development that Sardinia Utilities is complying with Federal La rovide this information, but are encouraged to do so. This infor ou in any way. However, if you choose not to furnish it, Sardin asis of visual observation or surname.	der is requested to assure the Federal Government, acting through Rural aws prohibiting discrimination against applicants. You are not required rmation will not be used in evaluating your application or to discriminate nia Utilities is required to note your race/ national origin / gender based of Black or African American Native Hawaiian or Other Pacific Isla Latino GENDER: Male Female	e agains on the
n accordance with Federal law and U.S. Department of Agricult olor, national origin, age, disability, religion, sex, and familial s	ture policy, this institution is prohibited from discriminating on the basis status. (Not all prohibited bases apply to all programs). To file a compla	of race aint of

discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington D.C. 20250-9410 or call (800)795-3272 (voice) or (202)720-6382 (TDD). USDA and this institution are equal opportunity providers and employers.

www.ritaohio.com

BUSINESS REGISTRATION FORM 48



FEDERAL IDENTIFIC	ATION NUMBER		SOCIAL SECURITY NUMBER (COMPLETE ONLY IF A SOLE PROPRIETOR)				
FILING STATUS:	CORPORATION ESTATE	TRUST LLC NON			SOLE PROPRIETOR		
	RITA LOCA	TION NAME AND ADDRES	S AS USED FOR BUSIN	ESS PURPOSES			
BUSINESS NAME:				PHONE: ()		
ADDRESS:	- 150	CITY:		STATE: ZIP:			
	IF CORPORATE SUB	SIDIARY, GIVE NAME AND	ADDRESS OF PARENT	COMPANY MAIN OFFIC	E		
BUSINESS NAME:							
ADDRESS:		0	ITY:	STATE: ZIP:			
a 0		7					
	IF SOLE F	PROPRIETORSHIP, GIVE O	WNER'S NAME AND HO	ME ADDRESS			
NAME:				PHONE: ()			
ADDRESS:			ITY:	STATE:	ZIP:		
			,				
WHAT DATE DID YO	OU BEGIN OPERATIONS IN A	RITA MUNICIPALITY					
	ASE LIST THE COMPANY NAIC		BOX THAT BEST DESCR	IBES THE COMPANY BU	JSINESS TYPE		
NAICS	TRANSPO	RTATION NON	MANUFACTURING	MANUFACTURI	NG WHOLESALE		
RETAIL	FINANCE	SERVICES	PUBLIC ADMI	NISTRATION	NON CLASSIFICATION		
	EMPLOYEES? (CHECK ONLY		NFORMATION	TILIZEDO (CLIECK ONIL)	ONE) TYES* TNO		
			*IF YES COMPLETE RE	VERSE SIDE.			
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	DYEES AT RITA LOCATION:		MONTHLY GROSS PAYE	ROLL AT RITA LOCATION	V:		
WILL YOU BE WITH	HOLDING RESIDENCE TAX ON		10 TAV 50 DIA 70				
			NG TAX FORMS TO				
BUSINESS NAME:				PHONE: (.)		
ADDRESS:	IF YOU ARE A NON	CI I-PROFIT ORGANIZAT					
	n roo Ane A Non	PROFIT/LOSS		ND SIGN AT BOTTE) IVI		
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ENDING BAT OF THE	SCAL YEAR IF OTHER THAN (MONTH	DAY YEAR				
		SEND NET PROFI	TAX RETURN TO				
BUSINESS NAME:				PHONE: ()		
					,		
				STATE:	ZIP:		
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	HEREBY SUBMITTED IS TRUE			~			
THIN I INAIVIE:		T. T	IILE:	PHONE:			

CONTRACTOR INFORMATION

MUNICIPALITY:	BUILDING PERMIT #:				
ADDRESS OF CONSTRUCTION SITE:	TOTAL CONTRACT AMOUNT: \$				
	As the contractor, will your company be withholding local income tax from all employees on the job?				

COMPANY/ADDRESS - CITY, STATE AND ZIP	OFFICER/OWNER NAME PHONE NUMBER	SOCIAL SECURITY OR FEDERAL I.D. NUMBER	ESTIMATED START DATE	NUMBER OF EMPLOYEES	ESTIMATED WAGES PER MONTH	TRADE
COZTERACTOR						
OZY RACYO						
OZT REACTO					,	
OZT RACTO		9				
OZT RACTO						
OZTRAOTO						
If necessary attach a senarate sheet					,	

If necessary attach a separate sheet

The information requested on this form is essential to the establishment of your account and will be held in strict confidence. Please complete and sign this Registration Form and return within 15 days. Prompt completion of this form now can save you the expenditure of additional time and effort in the future. If you have any questions please contact the Business Registration Department at one of the numbers below. Thank you for your cooperation.

SEND RESPONSE TO:

REGIONAL INCOME TAX AGENCY ATTN: BUSINESS REGISTRATION P.O. BOX 477900 BROADVIEW HEIGHTS, OH 44147-7900 CLEVELAND TOLL FREE: (800) 860-RITA (7482) COLUMBUS TOLL FREE: (866) 721-RITA (7482) YOUNGSTOWN TOLL FREE: (866) 750-RITA (7482)

TDD: (440) 526-5332 FAX: (440) 526-3136