



SUBMIT COMPLETED APPLICATION TO:
ISLAND ENERGY
440 WALNUT AVENUE
MARE ISLAND, CA 94592-0001

PHONE: (707) 562-5000

FAX: (707) 562-5002

APPLICATION FOR UTILITY PROJECT SUPPORT

Application Date: _____

Application Fee: \$5,000.00
(\$1400 non-refundable)

CUSTOMER INFORMATION

Legal billing name: _____
Legal name of responsible party or corporation

Business name: _____
Name of organization or entity

Mailing address: _____
Street City State Zip Code

Business type: _____
Description of goods or services rendered

Years in business: _____ **Business phone:** _____ **Fax:** _____

Type of ownership:
 Sole proprietor *Partnership* *Corporation* *Public Agency* *Other:* _____

If corporation, State where incorporated: _____ **Year filed:** _____

Taxpayer ID number: _____

Address of Corporate office or residence address if sole proprietor:

Name, title, and telephone number of corporate officers, partners, or sole proprietor:

Name Title Telephone

Name Title Telephone

Name Title Telephone

Contact for billing inquiries:

Name Title Telephone

Name of contact person for service:

Name Title Telephone

Authorization (required) _____
Owner or corporate officer Id Verification: Drivers license # and State

Name (print) Title Date

