

CONTACT INFORMATION (Gas & Electric) (Please Print)

Date:

Company Name:

Trade Name:

Company Federal Tax ID:

Company Address:

Company Contact Person / Title:

Telephone Number:

Fax Number:

E-mail Address:

Date business began in Chesterfield County, Virginia:

Type of services offered (please check **ALL** that apply):

Electric Utility Consumption Tax

Residential Electric Utility Service

Commercial or Industrial Electric Utility Service

Natural Gas Consumption Tax

Residential Gas Utility Service

Non-Residential Gas Utility Service

Virginia Registered Agent for Tax Matters:

Address:

Telephone Number:

Fax Number:

E-mail Address:

**** If the company has engaged a tax service to prepare its returns, please provide the following:**

Tax Service Name:

Tax Service Address:

Tax Service Contact Person / Title:

Telephone Number:

Fax Number:

E-mail Address: