



COMMISSIONERS OF LEONARDTOWN

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NEW COMMERCIAL UTILITIES FORM

Business Name: _____

Location: _____

Billing Address: _____

Phone Number(s): _____

Email: _____

Date of Opening: _____

WATER: \$_____ per quarter

Water line size: _____ Code: _____

SEWER: \$_____ (# of EDU's: _____ x \$106.55) per quarter

TRASH: \$_____ per quarter

Container size: _____ Times per week: _____

BAY RESTORATION FEE: \$15.00 per quarter

Notes: