

**Delafile Company Registration**

\*Completed forms should be e-mailed to [Delafileadmin@delaware.gov](mailto:Delafileadmin@delaware.gov)\*

**Company Name:**

**DBA Name:**

**Federal Tax ID:** **-** **Utility Type:** Select Type

**Address:**

**City:** **State:** **Zip:**

**Primary Contact:**

**Primary Contact Email:**

**Annual Assessment Contact:**

**Address:**

**City:       State:    Zip:**

**Email:       Phone Number: (****)** **-**

**Docket Billing Contact:**

**Address:**

**City:       State:    Zip:**

**Email:       Phone Number: (   )    -**

**Regulatory Contact:**

**Address:**

**City:       State:    Zip:**

**Email:       Phone Number: (   )    -**

**Delaware Registered Agent:**

**Address:**

**City:       State:    Zip:**

**Email:       Phone Number: (   )    -**