

Utility Service Application

City of Rigby

158 W Fremont Ave.

Rigby, ID 83442

Phone: 208-745-8111 FAX: 208-745-7111

APPLICANT INFORMATION

Applicant Name:

Co-Applicant Name:

Applicant Drivers License:

SSN:

Home Phone:

Co-Applicant Drivers License:

SSN:

Cell Phone:

Service Start Date:

Service Address:

City:

State:

ZIP Code:

Mailing Address:

City:

State:

ZIP Code:

INFORMATION FOR GOVERNMENT MONITORING PURPOSES

APPLICANT: I do not wish to furnish this information.

ETHNICITY: Hispanic or Latino Not Hispanic or Latino

RACE: American Indian or Alaska Native Asian Black or African American
 Native Hawaiian or Other Pacific Islander White

SEX: Female Male DISABLED: Yes No

The City of Rigby provides utility services without regard to race, color, national origin, gender, age or disability.

EMPLOYMENT INFORMATION

Current employer:

Address:

Phone:

Fax:

City:

State:

ZIP Code:

EMERGENCY CONTACT

Name of a relative or friend not residing with you:

Address:

Phone:

City:

State:

ZIP Code:

Relationship:

PLEASE SIGN IN THE SPACE BELOW AND RETURN THIS FORM ALONG WITH A PHOTOCOPY OF YOUR DRIVER'S LICENSE.

I hereby request utility services at the above location and agree to pay for all water, sewer, and sanitation services used, delivered, or made available at this location **until I notify the City in writing to discontinue such services.** I agree that all utility services will be delivered subject to the terms and provisions of the Rigby City Code as it now exists or may be generally amended from time to time. I understand that if my account is turned over to a collection agency for non-payment, I am responsible for all collection fees. I understand the City makes no warranties of any kind and all warranties, whether expressed or implied, including warranties of merchantability and fitness for a particular purpose, are expressly disclaimed. I represent that I am the owner of the premise described above and I also represent that neither I nor any member of my household have a delinquent utility account with the City.

I also understand that a deposit is required before services can be turned on.

Signature of applicant

Date

Signature of co-applicant, if for joint account

Date

I have explained the required deposit amount and billing procedures to the above applicant.

Signature of City Employee

Date