



UTILITY SERVICE APPLICATION
5160 YELLOWSTONE ♦ PO BOX 5604
CHUBBUCK, IDAHO 83202-0006
Phone: (208)237-2400 Fax: (208)238-2371

PLEASE PRINT CLEARLY

Account #: \_\_\_\_\_

Name: \_\_\_\_\_ Co. Applicant: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Service Location Address: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ ( ) \_\_\_\_\_

Email address: \_\_\_\_\_

Drivers/State I.D. #: \_\_\_\_\_ ST \_\_\_\_\_ EX \_\_\_\_\_ Co. Applicant: \_\_\_\_\_ ST \_\_\_\_\_ EXP \_\_\_\_\_

Social Security #: \_\_\_\_\_ Co. Applicant: \_\_\_\_\_

Owner or Leasing/renting from: \_\_\_\_\_

Residency documentation: \_\_\_\_\_

Service day requested to be turned (Monday - Fri except holidays): \_\_\_\_\_

I understand that I may be responsible for additional collection/attorney cost should I not pay my bill, and my account is forwarded to a collection agency/attorney. I also understand that I am to provide an in service phone number to be able to be contacted for the purpose of transmitting information regarding utilities provided by the City of Chubbuck including notification of delinquency by automated messages or collection by outsourced agencies on behalf of the City of Chubbuck for unpaid billings.

\_\_\_\_\_
Date

\_\_\_\_\_
Customer Signature

\_\_\_\_\_
City of Chubbuck Representative

\_\_\_\_\_
Customer Signature

Please fax/scan email back the following :

- Copy of State Issued I.D. for each person listed on proof of residency
Proof of residency (Lease/Rental Agreement, or Mortgage documents (warranty deed) or Purchasing Agreement.
Fax to 1-208-238-2371

\*All documentation and payment by phone via Credit/debit card must be received before services will be started.

Amount of Deposit: \$ \_\_\_\_\_ Paid: \_\_\_\_\_ Received by: \_\_\_\_\_