



Phone (208)237-2400

Residential Applicant(s)

Applicant Name: _____ Co-Applicant Name: _____
Date of birth: _____ Social Security #: _____ - _____ - _____
Drivers License: _____ ST. issued: _____ Exp _____
Phone: _____ Email: _____
Employer: _____
Employer phone: _____

Business/Commercial Applicant

Business Name: _____ Owner/Manager: _____
DBA: _____ Business Phone: _____ Contact person: _____
Federal Tax ID number: _____ Emergency Phone: _____ Contact person: _____
Email Contact: _____ Phone for courtesy automated account calls: _____
Authorized Representative Information:
Name: _____ Position/Title: _____ Phone: _____
Business Sanitation Services:
96 gallon Cart(s) # desired up to 6: _____
3 yard dumpster #of srvc per wk: _____
6 yard dumpster # of srvc per wk: _____

Service Location Address: _____
Mailing Address if different than Service location address: _____
City: _____ State: _____ Zip: _____

I am the:
Owner Tenant Property manager Real estate agent Contractor Authorized Representative
Residency documentation (attached): _____
*Please note- All parties listed on documentation or added to account are responsible for account and must provide required information.
Residency documentation required: Warranty deed, rental/lease agreement, Property management agreement, Assignment document, building permit
Start of Service Date (Monday - Fri except holidays) : _____

I/we accept and will comply with all the rules, ordinances, and regulations for the service location of this account which may be set by the City relating to water, sanitation, and sewer service and distribution. Pursuant to Chubbuck Municipal code, all customers are required to post a Utility Service deposit per each location and said deposit shall be applied to the account upon closure. I/we further understand that I am responsible to update any contact information that changes after start of service.

I/we understand that I/we may be responsible for additional collection/attorney cost should I/we not pay my/our bill, and my/our account is forwarded to a collection agency/attorney. I/we also understand that I/we 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/balances.

Date: _____
Applicant Printed name: _____ Co-Applicant Printed name: _____
Applicant Signature: _____ Co-Applicant Signature: _____
Received by Chubbuck City Representative: _____ Date: _____

Please remit by person, fax/scan, email, or mail the following:
Application Copy(ies) of State issued I.D. Residency documentation Deposit payment (debit/credit card by phone)

*In person: 5160 Yellowstone Ave *By fax: (208)238-2371 *By email: _____@cityofchubbuck.us
*By mail: City of Chubbuck, PO Box 5604 Chubbuck, ID 83202-0006