



Phone (208) 417-7175

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

**Business/Commercial Applicant**

**Business Name:** \_\_\_\_\_ **DBA:** \_\_\_\_\_  
**Owner:** \_\_\_\_\_ **Manager/Contact:** \_\_\_\_\_  
**Email:** \_\_\_\_\_ **Business Phone:** \_\_\_\_\_ **Emergency Phone:** \_\_\_\_\_  
**Phone for courtesy automated account calls:** \_\_\_\_\_

**Authorized Representative Information:**  
**Name:** \_\_\_\_\_ **Position/Title:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Credit Information:**  
**Business Federal Tax ID number:** \_\_\_\_\_  
or  
**Responsible Party:** \_\_\_\_\_  
**Drivers License:** \_\_\_\_\_ **ST. issued:** \_\_\_\_\_ **Exp** \_\_\_\_\_  
**Date of birth:** \_\_\_\_\_

Business Sanitation Services requiring dumpster/roll-off services require a sanitation order form, if dumpster/roll-off services are not needed a residential cart will be delivered and billed monthly.

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

**Mailing Address if different than Service location address:**  
\_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**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 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 further understand that I am responsible to update any contact information that changes after start of service.

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/balances.

**Date:** \_\_\_\_\_

**I am the:**  
 Owner     Tenant     Property manager     Real estate agent     Contractor     Authorized Representative

**Applicant Printed name:** \_\_\_\_\_

**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:** 290 E Linden Ave    **\*By fax:** (208)238-2371    **\*By email:** \_\_\_\_\_@cityofchubbuck.us

**\*By mail:** City of Chubbuck, PO Box 5604 Chubbuck, ID 83202-0006