



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