



UTILITY SERVICE APPLICATION
 290 E Linden Ave
 CHUBBUCK, ID 83202-0006
 PHONE: 208-417-7175 FAX: 208-238-2371

Account #: _____

APPLICANT

CO-APPLICANT

| | | | | | |
|----------------------|-------------|------|----------------------|-------------|------|
| NAME: | | | NAME: | | |
| DOB: | | | DOB: | | |
| ID #: | ST. ISSUED: | EXP: | ID #: | ST. ISSUED: | EXP: |
| PHONE #: | | | PHONE #: | | |
| EMAIL ADDRESS: | | | EMAIL ADDRESS: | | |
| EMPLOYER: | | | EMPLOYER: | | |
| POSITION: | | | POSITION: | | |
| EMPLOYER HR PHONE #: | | | EMPLOYER HR PHONE #: | | |

SERVICE ADDRESS: _____

MAILING ADDRESS: _____ CITY STATE ZIP

TYPE OF RESIDENCY DOCUMENT OR VERIFICATION: _____

DATE OF START OF SERVICE: _____ Deposit amount: _____

Application accepted by: _____

I (we) understand that if the city becomes aware of any unpaid balances on previous accounts, the balances will be transferred to my (our) current account and become due immediately and could result in suspension of services. 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 a working 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 (robo) messages or collection by outsourced agencies on behalf of the City of Chubbuck for unpaid billings.

_____ Date

_____ City of Chubbuck representative

_____ Applicant Signature

_____ Co-Applicant Signature

_____ Applicant Printed Name

_____ Co-Applicant Printed Name