



UTILITY SERVICE APPLICATION-PROPERTY OWNER

2135 S. Ammon Road
Ammon, ID 83406

Phone: 208-612-4000
Fax #: 208-612-4009

Please print in ink or type

Service Location

Address: _____

Escrow Close Date: _____ Please provide proof of closing date.

Mailing Address: _____
If different than service address City State ZIP Code

If available, 1 Gbps residential fiber optic utility service is request at the listed property? Yes [] No []

Applicant

Name: _____

Social Security Number: _____ - _____ - _____ Birthdate: _____

Telephone: (_____) _____ - _____ Email Address: _____

Employer Name: _____ Phone: (_____) _____ - _____

Name of Friend or Relative: _____ Phone: (_____) _____ - _____

Co-Applicant

Name: _____

Social Security Number: _____ - _____ - _____ Birthdate: _____

Telephone: (_____) _____ - _____ Email Address: _____

Employer Name: _____ Phone: (_____) _____ - _____

Do you have any dogs: Yes [] No [] All Dogs within City limits must have an Ammon City Dog License which are available here.

Are you operating a business out of the home: Yes [] No []

Does your home have a sprinkler system: Yes [] No []

Does your home have a burglar alarm: Yes [] No []

By signing below, I acknowledge my monthly payment is due on or before the 10th of each month, whether a statement is received or not. Late fees are assessed after the 10th of each month. I understand that in the event my account becomes delinquent, the City of Ammon shall give notice of disconnect following City Code Section 8-3-34, and that the City retains the right to enter my property to perform the function of water disconnect. As property owner of said premise, I further grant the City upon such delinquency to record a lien against my property for all such deficiencies in regards to my account for this premise. I understand that I will be responsible for all services related to this account, until such time as I have notified the City of my intent to disconnect or have transferred the liability to another party in writing. Further, I understand that in the event of collection by the City, I will be responsible for all collection, attorney fees and court costs. I also acknowledge that I have received a copy of the City of Ammon General Information Guide and Automated Sanitation Procedure and understand my utility account is subject to those policies and procedures and any subsequent changes that may be adopted by the City Council.

X _____ X _____
Signature Date

For Office Use only:	Billing Codes: Water _____	Sewer _____	Garbage _____	Fiber _____
Water Deposit: \$ _____	Receipt # _____	Date Deposit Posted: _____	LID updated: _____	
Account Number: _____	Completed by: _____			