



2135 S. Ammon Rd  
Ammon, ID 83406  
Phone: 208-612-4000  
Fax: 208-612-4009

## UTILITY SERVICE APPLICATION

### Service Location

Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
If different than service address City State ZIP

Closing Date: \_\_\_\_\_ **Please provide proof of closing date.**

### Applicant

Name: \_\_\_\_\_ Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

### Co-Applicant

Name: \_\_\_\_\_ Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

### Renting/Leasing

Is this property going to be a rental or leased: Yes  No  *(If yes, please complete information below)*

Landlord Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Billing Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Authorization to release account information (Please check the appropriate box below)**

- Yes**, I hereby authorize the City of Ammon to release information regarding the billing on the utility account associated with the aforementioned property to any tenants residing at the same address. The information that may be disclosed includes, but is not limited to, billing statements, payment history, and account status.
- No**, I hereby deny authorization to the City of Ammon to release any information regarding the billing on the utility account associated with aforementioned property to any tenants residing at the same address. I request that the City of Ammon refrain from disclosing any details related to billing statements, payment history, account status, or any other information pertaining to the utility account if the tenants contact the City's utility services department.

I understand that this authorization will remain in effect until revoked in writing. **Initials:** \_\_\_\_\_

**Commercial/Business**

Is this property Commercial or a Business: Yes  No  (If yes, please complete information below)

Business Name: \_\_\_\_\_ EIN #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Email: \_\_\_\_\_

Billing Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred language:  English  Spanish  Other: \_\_\_\_\_

Do you have any dogs? Yes  No  All dogs must have a City license.

Are you operating a business in the City? Yes  No  All businesses must have a City license.

Does this property have a sprinkler system? Yes  No  Must have proper backflow prevention.

Does this property have a burglar alarm? Yes  No  All burglar alarms must have a City license.

*By signing below, I acknowledge my monthly payment is due on or before the 15th of each month, whether a statement is received or not. Late fees are assessed after the 15th 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 service interruption. 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 delinquency, I will be responsible for all collection fees, attorney fees and/or court costs. I also acknowledge that I have received a copy of the City of Ammon General Information Guide and understand my utility account is subject to those policies and procedures and any subsequent changes that may be adopted by the City Council. I represent that neither I nor any member of my party have a delinquent utility account with the City of Ammon. If there is a delinquent account, it must be paid in full before new services can be set up in the same name.*

X \_\_\_\_\_  
Signature

X \_\_\_\_\_  
Date