

Fairview City Residential/Commercial

Utility Service/Update

85 S State

Fairview, UT 84629

Customer Name \_\_\_\_\_ Connect Date \_\_\_\_\_
Service Address \_\_\_\_\_ Email \_\_\_\_\_
Mailing Address \_\_\_\_\_ zip \_\_\_\_\_
Phone # \_\_\_\_\_ cell# \_\_\_\_\_ S.S.# \_\_\_\_\_ Date of Birth \_\_\_\_\_
Drivers License# \_\_\_\_\_ Drivers License State \_\_\_\_\_

\*COPY OF LICENSE\*

Employer \_\_\_\_\_ Phone# \_\_\_\_\_
Address \_\_\_\_\_ zip \_\_\_\_\_

Spouse Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Drivers License # \_\_\_\_\_
Maiden Name \_\_\_\_\_ Phone # \_\_\_\_\_ S.S.# \_\_\_\_\_

Employer \_\_\_\_\_ Phone# \_\_\_\_\_
Address \_\_\_\_\_ zip \_\_\_\_\_

Name of Relative \_\_\_\_\_ Phone# \_\_\_\_\_
Address \_\_\_\_\_ zip \_\_\_\_\_

Personal Reference \_\_\_\_\_ Phone# \_\_\_\_\_
Address \_\_\_\_\_ zip \_\_\_\_\_

\*\*\*If Renting, \*OWNER/LANDLORD WILL BE RESPONSIBLE FOR UTILITY BILL & UTILITIES WILL STAY IN OWNERS NAME/UTILITIES WILL NOT BE CONNECTED UNTIL ACCOUNT IS CURRENT\*

Buying \_\_\_\_\_ If Buying, Previous Owner Name & Address Phone # \_\_\_\_\_ (\$40.00 Fee)
Own \_\_\_\_\_ Own the home. \_\_\_\_\_ (\$40.00 Fee)

New \_\_\_\_\_ Connect/Impact Fees Must Be Paid.

Customer Previous Address \_\_\_\_\_ zip \_\_\_\_\_ Phone# \_\_\_\_\_

IMPORTANT: IS THERE A PERSON LIVING WITH YOU AT THIS ADDRESS THAT OWES FAIRVIEW CITY A PAST UTILITY BILL, IF SO, SERVICES WILL NOT BE PROVIDED. YES \_\_\_\_\_ NO \_\_\_\_\_

\*\*Like to donate monthly \$1.00 to the Recreation fund Yes \_\_\_ No \_\_\_ or Museum fund? Yes \_\_\_ No \_\_\_ Food Bank \$0.25 Yes \_\_\_ No \_\_\_

\*I agree to pay all incurred charges for the utility services provided by Fairview City requested herein. I understand that utility service billings are due when rendered and become delinquent 30 days after the billing date.

\*If I fail to pay the charges due for the utility services furnished by Fairview City within thirty (30) days of the due date, the City Treasurer shall send me notice in writing of intent to discontinue utility service to the Service Address identified above unless the amount due is paid by due date of said notice. Utility service shall not be restored until all delinquencies and reconnection fees are paid in full. Any utility account being delinquent shall be subject to a late fee of twenty-five (\$25) dollars plus an interest penalty of 1.5% per month (18% APR) on the unpaid or delinquent balance for utilities furnished by Fairview City. I agree that Fairview City shall have the right to institute collection proceedings by all means available to it, including suit in a court of proper jurisdiction. I further agree to pay all costs of collection including court costs and attorney fees. To secure payment for services rendered, I grant Fairview City the right to claim a lien on all real property, which receives service and is either owned by me or possessed by me as a purchaser under a Real Estate Contract when the bill for such service is 60 days delinquent.

\*I also agree to notify Fairview City at least one week in advance of planned termination of service. Further release is hereby given to Fairview City to obtain any and all information from employer(s) or references as may be deemed necessary to process this application for service or to effect collection of any unpaid balance due. I the undersigned, hereby certify that the information given above is true and correct, and that I have the authority to sign this agreement and to grant permissions to enter the premises to Fairview City.

\*In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, age, disability, religion, sex, familiar status, sexual orientation, and reprisal.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Please Print Name \_\_\_\_\_

Witnessed by \_\_\_\_\_ Date \_\_\_\_\_

\*\*Office use -do not write in spaces below.\*\*

City Account # \_\_\_\_\_