



2135 South Ammon Road, Ammon, Idaho 83406

Application for City of Ammon Services
Landlord Utility Agreement

Property Owner: Spouse (if applicable):

Owner SS#: Spouse SS#:

Owner Address:

Owner City: State: Zip Code: Email Address:

Telephone: Cell: Fax:

Emergency Contact: Emergency Contact Phone:

Please list below all of the properties in the City of Ammon that you currently own:

Table with 4 columns: SERVICE ADDRESS, TYPE OF UNIT, SPRINKLER SYSTEM, DATE. Contains 4 rows of blank lines for data entry.

I AGREE THAT IT WILL BE MY RESPONSIBILITY TO NOTIFY THE CITY OF AMMON WHEN AN ACCOUNT IS TO BE CHANGED FROM MY NAME TO A TENANT. As owner or manager of the property(s) listed, I hereby authorize the City of Ammon to place the account(s) in my name during times of vacancy or at all other times when a tenants name has not been provided.

I agree to pay for all utilities provided to the property(s) listed on this agreement while in my name. In the event of the service being disconnected for nonpayment while the service is in my name, all of my delinquent amounts are to be paid plus \$150.00 disconnect/reconnect fee in full or satisfactory payment arrangements made before service will be restored. Failure to comply will result in the immediate cancellation of this agreement. 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.

Yes. By checking Yes, I authorize the City of Ammon to disconnect the utilities of my tenant(s) if the City deems it necessary. I agree that I will not hold the City of Ammon liable for any damages incurred should the City of Ammon need to discontinue services during the course of routine collections. The City of Ammon will not notify me of the disconnection. I will notify the City of Ammon for reconnection of services.

No. By checking No, I do not authorize the City of Ammon to disconnect services if collections begin for my tenant(s), and as a result, place the account in my name. I understand that I will then be responsible for all future billings related to this account even if tenant still occupies the rental property. My responsibility will begin on the date of any scheduled disconnect. The City will mail to me notification of the change of account responsibility on said date. Any failure to receive such notice does not alleviate my payment obligations.



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PROPERTY MANAGER DESIGNATION:

As the owner of the above listed properties I hereby designate the following Property Manager to perform the functions of Landlord, including but not limited to change of tenants. I also grant the City authority to disclose all information regarding the account and billing/delinquency status to the property manager.

Property Management Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

Property Manager's Mailing Address: \_\_\_\_\_

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

**This agreement must be signed by the property owner.**

I AGREE TO NOTIFY THE CITY OF AMMON, IN WRITING, ANY REQUEST OF CHANGE TO THIS AGREEMENT.

\_\_\_\_\_  
LANDLORD SIGNATURE

\_\_\_\_\_  
DATE

*Revised 9-6-12*