



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

OWNER UTILITY SERVICE APPLICATION

Service Location

Address: _____

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

Closing Date: _____ **Please provide proof of closing date.**

Fiber Optic Utility Service is requested if available? YES NO

Applicant

Name: _____ DL or ST ID#: _____ ST: _____

Birthdate: _____ Phone: _____ Email: _____

Employer: _____ Phone: _____

Name of Friend or Relative: _____ Phone: _____

Co-Applicant

Name: _____ DL or ST ID#: _____ ST: _____

Birthdate: _____ Phone: _____ Email: _____

Employer: _____ Phone: _____

- Do you have any dogs:** Yes No All Dogs must have a city license 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. 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. As the tenant of said premises, I hereby grant authority to the City to disclose the status of my water and/or, wastewater and/or sanitation bill to the owner of said premises.

X _____ **X** _____
Signature Date

For Office Use only:	Billing Codes:	Water _____	Sewer _____	Garbage _____	Fiber _____
Water Deposit: \$ _____	Receipt # _____	Date Deposit Posted: _____			
ERU Survey submitted: _____	Business License Application submitted: _____				
Account Number: _____	Completed by: _____				