

Name _____
 Physical Address _____
 Phone _____ Phone _____
 E-mail _____
 Responsible Date _____

OFFICE USE	
Acct. #	_____
Utility Deposit \$200.00	Receipt No. _____
Reconnect Fee \$60.00	Receipt No. _____

Mailing Address:

Address _____
 City/State _____

IF BUYING: Purchasing from (name of contractor or realtor):

Owner Information:

Name _____
 Address _____
 City/State _____

SSN _____
 DL _____

Emergency Contact:

Name _____
 Address _____
 City/State _____

Phone _____

Contract: Services are left on between renters. If they are turned off, I will be responsible to pay the reconnect fee to turn them back on. I agree to pay for all the bills that are incurred. For and in consideration of the furnishing of utility service, the undersigned agrees to pay, as statements are rendered, charges for such service. The undersigned further agrees to pay collection costs and/or attorney fees regarding delinquent charges for such services. The undersigned further agrees to at all times be governed by the rules and regulations of the said city not in effect or such rules and regulations as may from time to time be enacted by said city.

Signature _____

Date _____

Kaysville City

Phone: 801-546-1235

Fax: 801-544-5646

e-mail: Utilities@kaysville.gov

Attach copy of Driver's License as well.