

KAYSVILLE CITY CORP

Name _____

Property Address _____

Phone _____ Phone _____

E-mail _____

Start Date _____

Mailing Address:

Address _____

City/State _____

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

Owner Information:

Name _____

Address _____

City/State _____

Emergency Contact:

Name _____

Address _____

City/State _____

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 _____

LANDLORD APPLICATION FOR UTILITIES

OFFICE USE	
Acct. #	_____
Utility Deposit \$100.00	Receipt No. _____
Utility Deposit \$200.00	Receipt No. _____
Reconnect Fee \$60.00	Receipt No. _____

SSN _____

DL _____

Phone _____

Kaysville City

Phone: 801-546-1235

Fax: 801-544-5646

E-mail: utilities@kaysvillecity.com

Please attach copy of Driver's License as well.