

**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 # _____