Utility Service/Update
85 S State
Fairview, UT 84629

Customer Name	C	Connect Data	
Service Address	Email	Connect Date	
Mailing Address		7in	
Phone # cell#	S.S.#	Date of Right	
= 11 VOID ETOCKSON	Drivers License State	Date of Birtii	
*COPY OF LICENSE*			
Employer	Phone#		
AUUTESS		n	
		D	
Employer	Phone#	5.5.#	
Address	zip_		
Name of Relative	Phone#		
Address	Pnone#	<del></del>	
Personal Reference	zip		
Address	Phone#		
***If Renting *OWNED/I AND	zip DLORD WILL BE RESPONSIBLE FOR		
Buying If Buying, Previous	Owner Name & Address Phone #		
New Connect/Impact Fees		(\$10.00100)	
Connect/impact rees	s Must Be Paid.		
Customer Previous Address		zipPhone#_	
IMPORTANT: IS THERE A PERSON	LIVING WITH VOIL AT TITTE ADDRESS MY	I TO CANADA TO THE CONTRACT OF	
UTILITY BILL, IF SO, SERVICES WI	LL NOT BE PROVIDED. YES	NO	
**I ilso to donote			
*Lagrange to now all incomes delicated for	Recreation fund Yes No or Museum fund	? Yes_No Food Bank \$0.25 Yes No	
		quested herein. I understand that utility servi-	
	tility services furnished by Fairview City withing of intent to discontinue utility service to the Se		
under a Real Estate Contract when the bi		ned by me or possessed by me as a purchaser	
	ast one week in advance of planned termination nation from employer(s) or references as may be		
orginature of Applicalle	$D_{\alpha}$	te	
Please Print Name	Da		
Witnessed by	Da	te	
Witnessed by	ces below.**	te	
City Account #	V 8000 000 T 5 9 11 4		