City of CHUBBUCK IDAHO

UTILITY SERVICE APPLICATION
5160 YELLOWSTONE AVE PO BOX 5604
CHUBBUCK, ID 83202-0006
PHONE: 208-417-7175 FAX: 208-238-2371

Account #:_____

APPLICANT	CO-APPLICANT
NAME:	NAME:
DOB:	DOB:
ID #: ST. ISSUED: EXP:	ID #: ST. ISSUED: EXP:
PHONE #:	PHONE #:
EMAIL ADDRESS:	EMAIL ADDRESS:
EMPLOYER:	EMPLOYER:
POSITION:	POSITION:
EMPLOYER HR #:	EMPLOYER HR #:

SERVICE ADDRESS:_____

MAILING ADDRESS:_____ _____ _____ _____
CITY STATE ZIP

TYPE OF RESIDENCY DOCUMENT OR VERIFICATION:_____

DATE OF START OF SERVICE:_____ Deposit amount:_____

Application accepted by:_____

I (we) understand that if the city becomes aware of any unpaid balances on previous accounts, the balances will be transferred to my (our) current account and become due immediately and could result in suspension of services. I (we) understand that I (we) may be responsible for additional collection/attorney cost should I (we) not pay my (our) bill, and my (our) account is forwarded to a collection agency/attorney. I (we) also understand that I (we) am to provide a working phone number to be able to be contacted for the purpose of transmitting information regarding utilities provided by the City of Chubbuck including notification of delinquency by automated (robo) messages or collection by outsourced agencies on behalf of the City of Chubbuck for unpaid billings.

_____ _____
Date City of Chubbuck representative

_____ _____
Applicant Signature Co-Applicant Signature

_____ _____
Applicant Printed Name Co-Applicant Printed Name