

TREMONTON CITY CORPORATION

102 SOUTH TREMONT ST TREMONTON, UTAH 84337 PHONE 435-257-9500 FAX 435-257-9513

DEPOSIT \$
SET UP FEE \$
RECEIPT #

UTILITY SERVICE AGREEMENT

Billing Name		Da	te	
Birth Date		_Spouse Name		
Drivers License No.		Drivers License No.		
Social Security No		Social Security No		
Phone No		Cellular Phone No		-
E-mail Address: Property Owner CRenter	Under Constru			
Service Address				
Mailing Address (if different)		City	Zip	
Previous Address	City	State	How Long	
Employer	City/State	Phone	How Long	
Spouse Employer	City/State	Phone	How Long	
**List two emergency contacts not living in	your home:			
Name	Phone	Relat	ion to Applicant	
Name	Phone	Relat	ion to Applicant	
Deposit Account No	0			
Services: Water Sewer Storm Drain Garba	age ORecycle O2 nd		e day services start)	
TO TREMONTON CITY CORPORATION				
The undersigned hereby applies for water, sewer, and gar charges for water, sewer, storm drain and garbage service shall have the right to discontinue services, at its elect Tremonton City for the control of its utility systems. Applied	es as fixed by Tremonto ion and the undersigne	n City and in the event of failure to d agrees to be bound by the ru	pay for these services that the les, regulations, and ordinance	e City es of

	BY	Recycle	Corbogo
Customer Signature	D1	2ndry Water	Garbage Water
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