FOUNTAIN GREEN CITY RESIDENTIAL/COMMERCIAL
UTILITY SERVICES
260 West 100 North
FOUNTAIN GREEN, UTAH 84632 * (435) 445-3453

Owner/Customer Name:_____ Connect Date:_____

Service Address:_____Date of Birth:_____

Mailing Address_____

Phone#_____ Drivers License#:_____

Employer_____

Employer's Address_____

Spouse/Roommate_____Date of Birth_____

Drivers License #_____

Name of Relative _____Phone #_____

Address_____

_____

Personal Reference_____Phone#_____

Address_____

_____

IMPORTANT!!! IS THERE A PERSON LIVING WITH YOU AT THIS ADDRESS THAT OWES FOUNTAIN GREEN CITY A PAST UTILITY BILL? YES___OR NO___. IF YES, SERVICES WILL NOT BE PROVIDED!

I hereby make application to the Fountain Green City Utility Department for service and guarantee payment for the said service in accordance with resolution 121913. This resolution states in item #6 that a $200.00 refundable security deposit will be required with all new utility accounts. It also contains a provision that all utilities are due on the 20th of the month and are considered late by the 30th of the month, which will subject the customer to an interest charge that is calculated at 5% per month. If payment is still delinquent by the 30th of the next month (60 days), a **SHUT-OFF NOTICE** will be sent. If payment is not made within 30 days of the date of the shut off notice (90 days), the service will be disconnected and will not be reconnected until arrangements have been made with Fountain Green City which include:(1) Past Due amount or Balance is paid in full (2) A $25.00 re-connect fee is paid, and (3) All conditions of #6 are met.

In the event that a property is vacant, the property owner may request to voluntarily abandon the water service. Request must be made in writing to Fountain Green City. A fee of $400 will be assessed and any balance owing must be paid in full prior to abandoning the service.

Further, release is hereby given to Fountain Green City Utility Department to obtain any and all such 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 verify that the information given above is true and correct.

Signature of Applicant_____ Date_____

Witnessed by_____ Date_____

_____

OFFICE USE ONLY

DEPOSIT AMOUNT$_____ DATE OF DEPOSIT_____