

APPLICATION FOR CITY SERVICES



HIGHLAND CITY • 5400 West Civic Center Dr., Suite 1 • Highland, UT 84003 • (801) 756-5751 • (801) 756-6903 fax
Office Hours: Monday - Thursday, 7:30 a.m. - 6:00 p.m., closed Fridays and Holidays

Account Name:	Occupancy Date:	Phone:
Street Address where service is required: Highland, UT 84003		Is the water ON? <u>Yes</u> or <u>No</u> (Request must be submitted by 2:00 p.m. to turn on the water, after 2:00 p.m. water will be turned on the next business day. Garbage Cans: (circle which applies) Number of Existing Garbage Cans at the Home: 0 1 2 Number of Garbage Cans Wanted: 0 1 2 Cost per month: \$9.35 for the first can, \$ 7.40 for the second can Recycle Cans: (circle which applies) Number of Existing Recycle Cans at the Home: 0 1 2 Number of Recycle Cans Wanted: 0 1 2 Cost per month: \$4.45 for each recycle can *New cans are delivered on Monday's. Unwanted cans are removed on Monday's (please place can(s) at the curb by 7:00 a.m.).
Mailing Address if different from above: () Owner () Builder		
Highland City doesn't allow Renters to set up utility accounts.		
Name:	Spouse/Other:	
Email:	Email:	
Phone:	Phone:	
Driver's License No:	Driver's License No:	
Employer:	Employer:	
Employer's Address:	Employer's Address:	
Employer's Phone:	Employer's Phone:	

An account setup fee of \$25.00 shall be included with this application. A valid ID must be verified by City Staff in order to set up services.

I/we, the undersigned, hereby apply for services with Highland City for the above named premises and agree to pay any and all charges incurred for said services in accordance with rates fixed by Highland City. Failure to pay my/our bill by the 20th of the month will result in a 1.5% late fee for each month the bill remains unpaid.

My/our failure to pay my/our bill for a period of 30 days or my/us having an excessive balance, will result with discontinuance of my/our service(s). A re-connection fee of \$80.00, a 10% penalty, plus payment of all outstanding balances must be paid in full before service will be restored. **Services will not be restored after hours.** I/we further agree to allow Highland City's personnel to enter upon such property to terminate services when I/we have been delinquent in the payment of services, provided I/we have been notified of such proposed termination and the reason thereof prior to such termination.

I/we agree to pay all reasonable attorney fees and any and all other cost incurred by Highland City to obtain collection on this account.

Signature:	Date:
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OFFICE USE ONLY

Subdivision:	Plat:	Lot:	Lot Square Footage:
Account No:	BP:	Open Space:	Utility Agreement:
Meter ID: EMR ID:	EMR Code: B MXU Type: B	MXU ID: MXU Port ID:	Meter Reading:
Notes:	Proof of Ownership:	ID verified by Staff:	Payment: [] Owner \$25 [] Builder N/A