

Monday
Oct. 6

RICHMOND CITY CORPORATION
6 West Main P.O. Box 9
Richmond, UT 84333-0009

LOCAL UTILITIES SERVICE AGREEMENT

NAME: _____
(Please Print) LAST FIRST INITIAL

SERVICE ADDRESS: _____

MAILING ADDRESS (If Different): _____

TELEPHONE: () _____ ABLE TO ACCEPT TEXT MSG ____

ALTERNATE TELEPHONE: () _____

EMAIL: _____

I request that Richmond City Corporation provide my residence/business with culinary water, wastewater (sewer), garbage, recycling, and Central Dispatch (CD) services effective _____ 20__.

Exemption (Initial only if Applicable)

Water ____ I have a private spring or well Sewer ____ I am utilizing an **authorized** septic tank.

1. By my signature below I hereby agree to assume full responsibility for the payment of the above services at the service address.
2. Failure to make full payment by the 20th day of each month will result in an automatic late fee of \$3.00 being added to the amount due shown on the bill as "PE".
3. Services will be terminated when the City is notified of a returned check.
4. Returned checks are sent directly to the contracted collection agency, are not handled further by Richmond City, and responsibility for resolution becomes an issue between the party listed above and the collection agency.
5. I further agree that I will be responsible for any and all charges associated with collection attempts for past-due services or other authorized billings.
6. Service shut-off will occur per conditions listed in the current ordinance.

Owner's Name (Please Print) Owner's Signature

Date: _____, 20__

OVER

PLEASE FILL IN COMPLETELY – THIS IS CONFIDENTIAL INFORMATION FOR CITY USE ONLY AND WILL NOT BE SHARED UNLESS A COURT SO ORDER

OWNER Social Security Number or Valid Utah Driver's License Number:

SSN: _____ UTAH DL#: _____

EXPIRATION DATE: _____

OWNER Current Employment:

Employer: _____

Address: _____

Work Telephone: () _____

How long employed at this location? _____

OWNER Personal Reference:

Please list one personal reference – someone who does not live with you.

Name: _____

Address: _____
Address City State

Telephone: () _____ Relationship: _____

RENTER AGREEMENT

OWNER STATEMENT: I HEREBY AUTHORIZED THE BELOW TO RECEIVE UTILITY BILLING NOTICES FOR MY PROPERTY.

(Owner Signature)

NOTICE: Property owner will be notified in case of any delinquent account and/or shut-off notice.

RENTER'S PRINTED NAME IN FULL: _____

Mailing Address (if different from above): _____

Emergency Alert & Community Communication System: If you wish to participate, please fill in the information below. Used to provide useful information on a periodic basis or during emergencies.

Yes, I wish to participate ____ No, I do not wish to participate at this time ____

Home Phone with Area Code: _____

Cell Phone with Area Code: _____ Text Messages (Yes) (No) (Circle one)

Additional cell phones (Same format as above):

Email Address: _____

FOR OFFICE USE: Effective Commencement Date: _____

Effective Termination Date: _____