

\$75 Deposit per Unit Required

Date _____

Account # _____

Dep Pd _____
Con Fee _____

APPLICATION FOR CITY OF MOUNTAIN HOME UTILITIES

Date Occupied _____

Name _____ Birthday ____/____/____

Spouse _____ Birthday ____/____/____

Address _____ Mtn. Home, ID 83647

Billing Address if Different _____

Driver's License # _____ State _____ Email _____

Home Phone # _____ Cell Phone # _____

Circle One: Buying or Renting

Landlord / Manager _____ Phone # _____

NAME & ADDRESS OF TWO RELATIVES NOT LIVING TOGETHER

Name _____ Name _____

Address _____ Address _____

City _____ City _____

State _____ Zip _____ State _____ Zip _____

Phone # _____ Phone # _____

Relationship _____ Relationship _____

Your Place of Employment _____ Phone # _____

Employer's Address _____ Air Force Squ # _____

Spouse's Employment _____ Phone # _____

Employer's Address _____ Air Force Squ # _____

I, the undersigned, hereby agree that in the event of default I will be held responsible for the payment of any amount due, and if this account is placed in the hands of an agency or attorney for collection or legal actions, to pay any additional charge equal to the cost of collection including agency fees, attorney fees and court costs incurred and permitted by laws governing these transactions. I acknowledge that I will receive a monthly statement with a balance due each month. I agree to submit for payment that balance promptly on time each month.

Applicant _____ Water Clerk _____