



PRICE MUNICIPAL CORPORATION

185 EAST MAIN STREET P.O. BOX 893 PRICE, UT 84501 PHONE (435) 636-3193 FAX (435) 637-2905

RESIDENTIAL APPLICATION FOR UTILITY SERVICE

(PLEASE ANSWER ALL QUESTIONS)

CUSTOMER INFORMATION:

CONNECTION DATE _____

Customer Name _____ Maiden Name _____

Service Address _____ Apt # _____

Mailing Address _____

(Or Where You Can Be Reached)

Phone # _____ Drivers License # and State _____

(Or Where You Can Be Reached)

Birth date _____ Social Security Number _____

Employer _____ Employer Address _____

Work Phone # _____ How Long Employed _____ Yrs. _____ Mos.

Are you in the Military? Yes No Military Number _____

SPOUSE OR ROOMMATE INFORMATION:

Spouse/Roommate Name _____ Maiden Name _____

Driver's License # & State _____ Social Security Number _____

Spouse/Roommate Birth date _____ Employer _____

How Long Employed _____ Yrs. _____ Mos.

CONTACT INFORMATION:

Name of Relative _____ Phone # _____

Address _____ City _____ State _____

Relationship: Father Mother Son Daughter Other _____

Personal Reference _____ Phone # _____

Personal Reference Address _____ City _____ State _____

LANDLORD/DWELLING/OWNER INFORMATION:

Landlord/Dwelling/Owner Name: _____

Landlord/Dwelling/Owner Address: _____ Phone # _____

APPLICATION AGREEMENT:

I understand that by signing this document that the utility billings are due when rendered and become delinquent the day after the due date on the utility bill. Should I become delinquent in payment of any such billings, Price City shall have the right to demand payment of billing or disconnect my utility service.

A service charge of 1.5% per month will be made on past due accounts, 18% ANNUAL. If collection is made by suit or otherwise, I agree to pay interest until paid, also collection costs, court costs, filing fees including attorney's fees.

I, the undersigned, hereby certify that the information given is true:

SIGNATURE OF APPLICANT _____ DATE _____

Deposit Number _____ Amount of Deposit _____ Received by: _____