

MAPLETON CITY APPLICATION FOR UTILITY SERVICES

Service Start Date: _____ Customer Number: _____

Name _____ Spouse Name _____

Service Address _____ Home Phone # _____

Mailing Address (if different from above) _____
Street City State Zip Code

CUSTOMER INFORMATION

SPOUSE INFORMATION

Cell Phone # _____

Cell Phone # _____

Email _____

Email _____

Social Security # _____

Social Security # _____

Date of Birth _____

Date of Birth _____

D.L. # & State _____

D.L. # & State _____

Employer Name _____

Employer Name _____

Employer Address/Phone # _____

Employer Address/Phone # _____

Name of Bank/Financial Institute _____

- **By signing below, I acknowledge that all information contained herein is true and correct to the best of my knowledge. In the event that it becomes necessary to refer an account to a collection agency, CUSTOMER agrees to pay for any and all collection costs, attorney fees and court costs should litigation be necessary. I agree to be bound by the said policy and any revisions that may be made thereto as set forth by the Mapleton City Council and/or City Finance Department.**

Customer Signature Date _____

Spouses Signature Date _____

(Circle One) Customer Type 1 - Home Owner 2 - Tenant 3 - Landlord

Garbage Toter Request- How Many? _____ Date _____

Utility Deposit - Amount Paid _____ Receipt No. _____

For City Use Only

FINAL READS:

Culinary Water Reading _____ **PI Water Reading** _____

Terminated Account # _____ Date of Termination Request _____

Termination requested by _____ Phone # _____

Terminated Account Name _____

New Billing Address _____

City, State, Zip Code _____

