

**FOUNTAIN GREEN CITY RESIDENTIAL/COMMERCIAL
UTILITY SERVICES
260 West 100 North
FOUNTAIN GREEN, UTAH 84632 * (435) 445-3453**

Owner/Customer Name: _____ Connect Date: _____
Service Address: _____ Date of Birth: _____
Mailing Address _____
Phone# _____ Drivers License#: _____

Employer _____
Employer's Address _____

Spouse/Roommate _____ Date of Birth _____
Drivers License # _____

Name of Relative _____ Phone # _____
Address _____

Personal Reference _____ Phone# _____
Address _____

**IMPORTANT!!! IS THERE A PERSON LIVING WITH YOU AT THIS ADDRESS THAT OWES
FOUNTAIN GREEN CITY A PAST UTILITY BILL? YES ___ OR NO ___. IF YES, SERVICES WILL
NOT BE PROVIDED!**

I hereby make application to the Fountain Green City Utility Department for service and guarantee payment for the said service in accordance with resolution 121913. This resolution states in item #6 that a \$200.00 refundable security deposit will be required with all new utility accounts. It also contains a provision that all utilities are due on the 20th of the month and are considered late by the 30th of the month, which will subject the customer to an interest charge that is calculated at 5% per month. If payment is still delinquent by the 30th of the next month (60 days), a **SHUT-OFF NOTICE** will be sent. If payment is not made within 30 days of the date of the shut off notice (90 days), the service will be disconnected and will not be reconnected until arrangements have been made with Fountain Green City which include: (1) Past Due amount or Balance is paid in full (2) A \$25.00 re-connect fee is paid, and (3) All conditions of #6 are met.

In the event that a property is vacant, the property owner may request to voluntarily abandon the water service. Request must be made in writing to Fountain Green City. A fee of \$400 will be assessed and any balance owing must be paid in full prior to abandoning the service.

Further, release is hereby given to Fountain Green City Utility Department to obtain any and all such information from employer(s) or references as may be deemed necessary to process this application for service or to effect collection of any unpaid balance due. I, the undersigned hereby verify that the information given above is true and correct.

Signature of Applicant _____ Date _____

Witnessed by _____ Date _____

****OFFICE USE ONLY****

DEPOSIT AMOUNTS _____ DATE OF DEPOSIT _____