



CITY OF CEDAR HILLS

Application for City Utility Services
3925 W Cedar Hills Drive, Cedar Hills, Utah 84062 • www.cedarhills.org
Phone: (801) 785-9668 • Fax: (801) 796-3543

PLEASE PRINT

Billing Name	Start Service (Closing Date)	Phone (Required)
<u>Fees to be paid</u> Utility Setup Fee: \$50.00 Received by: _____ Check #: _____ Cash Receipting #: _____ Credit Card Transaction #: _____	Property/Street Address:	
	<u>Mailing address if different:</u>	
	Address _____ City _____ State _____ Zip _____	
Owner/Resident	Spouse	
Social Security Number*	Social Security Number*	
Occupation	Occupation	
Employer	Employer	
Employer City, State	Employer City, State	
Employer Phone	Employer Phone	
Emergency Contact (other than immediate family)	Address:	Phone:
<p>I, the undersigned, hereby apply for applicable utility services from the City of Cedar Hills for the above-named premises and agree to pay any and all charges incurred for said services in accordance with rates fixed by the City of Cedar Hills. Failure to pay my bill in full by the 1st of the month will result in a \$10.00 late fee for each month.</p> <p>My failure to pay my bill for a period of 45 days, or my having an excessive balance, will result in discontinuance of my service(s) with a reconnection fee (\$50.00 first offense; \$75.00 second offense; \$100.00 third offense within a 12-month period), plus payment of all outstanding bills. I further agree to allow City of Cedar Hills personnel to enter upon such property and to terminate services when I have been delinquent in the payment of City utility charges, provided I have been duly notified of such proposed termination and the reason thereof prior to such termination.</p> <p>I agree to pay all reasonable attorney fees and other costs incurred by the City of Cedar Hills to obtain collection on this account.</p>		
<input type="checkbox"/> Owner <input type="checkbox"/> Builder		Is front landscaping completed? <input type="checkbox"/> yes <input type="checkbox"/> no
Is Property in a home owner's association? <input type="checkbox"/> yes <input type="checkbox"/> no		If no, initial that you have received notification of the completion due date. _____
Signature		Date

Office Use Only

Services: W S PI G XG Recycle	Account #:
Permit #:	Finaled: _____ Reading Sequence #: _____
Subdivision:	Landscaping completed: _____ Acres: _____
Lot:	Plat: _____ Toter(s) Ordered: _____
Previous Account Name:	Previous Account #:

*Required. This document is classified as private under UCA 63G-2-302.