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

Fees to be paid Utility Setup Fee: **$50.00** Received by: _____ Check #_____ Cash Receipting #: _____ Credit Card Transaction #: _____	Street address where services are required: Mailing address if different: Address _____ City _____ State _____ Zip _____

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:

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.

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.

I agree to pay all reasonable attorney fees and other costs incurred by the City of Cedar Hills to obtain collection on this account.

Signature	Date

( ) Owner ( ) Builder

Are you part of a home owner's association?_____

Office Use Only

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

*Required. This document is classified as private under UCA63-2-302.