## APPLICATION & CONTRACT FOR UTILITY SERVICES WITH The City of Emery

Today's Date	Date Service is to begin	
Name		
Name(Please Print) LAST		INITIAL
Address		
Address SERVICE ADDRESS		
BILLING ADDRESS (if different from above)		
Phone		
HOME	-	WORK
Do You:  Own Home		Rent Home
Landlord name (if applicable)		
Landlord Phone (if applicable)		
Please attach a copy of a picture ID for our files		
<b>VOLUNTARY INFORMATION:</b>		
Race:	Sex:	Male / Female
Disabled or Handicapped:	□ YES	□ NO
CONTRACT		
I, the undersigned applicant, hereby apply for utility services from the City of Emery and agree to abide by the rules, regulations, and procedures set forth by the City of Emery City Council. I acknowledge that I have read and understand this contract and I have received a copy of the City of Emery "Utility Procedures" which I have read and understand. I will be responsible for all bills and charges against this account until I notify the City of Emery that the utilities are no longer desired.		
	Signature of App	plicant Date
The City of Emery is an equal opportunity provider		
OFFICE USE ONLY		
Deposit fee \$ Rece	eived Date	Date Ret
Starting Water Reading		
Assigned Account Number		