



CITY OF RIGBY
158 W. Fremont Ave. Rigby, Idaho 83442
Phone (208) 745-8111 EXT. 115

UTILITY SERVICE APPLICATION

Applicant Type

- ☐ Property Owner
☐ Property Manager
☐ Tenant

Applicant Name		Co-Applicant Name (IF APPLICABLE)	
Driver's License		Driver's License	
SSN		SSN	
Phone		Phone	
Email Address		Service Start Date	
Service Address		City, State, Zip	
Mailing Address (IF DIFFERENT FROM SERVICE ADDRESS)		City, State, Zip	
EMPLOYMENT INFORMATION: Name of Employer Position Location- City & State Phone Supervisor Name		EMERGENCY CONTACT: Name of Relative or Friend Not Residing with you Phone City & State Relationship	
INFORMATION FOR GOVERNMENT MONITORING PURPOSES The city provides utility services without regard to race, color, national origin, gender, age, or disability			
Applicant ☐ I do not wish to furnish this information ☐ I voluntarily share this information Ethnicity ☐ Hispanic or Latino ☐ Not Hispanic or Latino	Sex ☐ Female ☐ Male Disabled ☐ Yes ☐ No	Race ☐ American Indian or Alaska Native ☐ Black or African American ☐ Native Hawaiian Other Pacific Islander ☐ Asian ☐ White	

AGREEMENT: Please sign below and return this form in person with a valid, non-expired ID. I hereby request utility services at the above location and agree to pay for all water, sewer, and sanitation services used, delivered, or made available at the property until I notify the City to discontinue service. All services are provided subject to the Rigby City Code, as it now exists or may be amended. I acknowledge that delinquent accounts may be referred to collections and that I am responsible for all associated fees. I understand that the city provides services without warranties of any kind, and all express or implied warranties, including merchantability and fitness for a particular purpose, are disclaimed. I certify that I am the owner or tenant of the above premises and that neither I nor any member of my household has a delinquent utility account with the city. I understand that a deposit may be required from property owners prior to service being activated.

Signature of Applicant _____ **Date** _____

Signature of Co-Applicant if applicable _____ **Date** _____

OFFICE USE ONLY: I have explained the required deposit amount and billing procedures to the above applicant.

Initials of City Employee _____ **Date** _____