



APPLICATION FOR UTILITY SERVICE

HYDRANT METER # _____

HILDALE / COLORADO CITY UTILITIES
320 EAST NEWEL AVENUE P. O. BOX 840490
HILDALE, UT 84784-0490 (435)874-2323

Utility Department Use Only

Account # _____

HYDRANT METER ONLY. AVAILABLE BASED ON WATER AVAILABILITY

Service can be obtained as lines are available.

Company: _____ Applicant: _____

SS# _____ - _____ - _____ EIN#: _____ / _____ Phone #: _____

Driver's License # _____ State _____

Mailing Address: _____ City: _____ State: _____ Zip Code: _____

Requested Dates: START _____ / _____ / _____ FINISH _____ / _____ / _____

Service Address: _____ City: _____ OR

General Location Meter to be Installed _____

Two Contacts other than Applicant:

Name: _____ Address: _____ Phone # _____

City: _____ State: _____ Zip Code: _____ Title: _____

Name: _____ Address: _____ Phone # _____

City: _____ State: _____ Zip Code: _____ Title: _____

CHARGES AT SIGNING:

DEPOSIT: \$ _____

TOTAL PAID: \$ _____

Utility Department Use Only

CONSUMER RESPONSIBILITY:

The applicant agrees to pay monthly for services rendered and abide by water and regulations established by Hildale and/or Colorado City. Charges for service will be made at the established rates for the class of service applicable to the applicant. Should payment not be received, I will be responsible for all attorneys' fees, court costs filing fees, including charges or commissions that may be assessed to us by any collection agency retained to pursue collection of the balance owing, which may be as much as 50 % of the principle balance owing. I further agree to pay interest at the rate of 1.5 % per month (18% APR) pre and post judgment.

Applicant: _____ Date: _____

Utility Department Approval: _____ Date: _____