

**RICHMOND CITY CORPORATION
90 S. 100 W. P.O. Box 9
Richmond, UT 84333**

LOCAL UTILITIES SERVICE AGREEMENT

NAME: _____
(Please Print) LAST FIRST INITIAL

SERVICE ADDRESS: _____

MAILING ADDRESS (If Different): _____

BILLING ADDRESS (If Different): _____

TELEPHONE: () _____ EMAIL: _____

ALTERNATE TELEPHONE: () _____

I request that Richmond City Corporation provide my residence/business with culinary water, wastewater (sewer), garbage, recycling, and Central Dispatch (CD) services effective _____ 20 .
(Garbage, Recycling, and Central Dispatch are Cache County pass-through billings.)

Exemption (Check only if Applicable)

Water _____ I have a private spring or well Sewer _____ I am utilizing an **authorized** septic tank.

1. By my signature below I hereby agree to assume full responsibility for the payment of the above services at the indicated address.
2. Failure to make full payment by the 20th day of each month will result in an automatic late charge of \$3.00 being added to the amount due.
3. Credit and Debit card payments are subject to a "convenience fee" based upon the current percentage of the amount paid as established by the contracted payment provider.
4. Returned checks are sent directly to the contracted collection agency, are not handled further by Richmond City, and responsibility for resolution becomes an issue between the party listed above and the collection agency.
5. I further agree that I will be responsible for any and all charges associated with collection attempts for past-due services or other authorized billings.
6. Service shut-off will occur per conditions listed in the current ordinance pertaining to water & sewer.

Owners Name (Please Print)

Owners Signature

Date: _____, 20__

OVER

PLEASE FILL IN COMPLETELY – THIS IS CONFIDENTIAL INFORMATION FOR CITY USE ONLY AND WILL NOT BE SHARED UNLESS A COURT SO ORDERS.

OWNER Social Security Number or Valid UTAH Driver's License Number:

SSN: _____ UTAH DL#: _____

EXPIRATION DATE: _____

OWNER Current Employment:

Employer: _____

Address: _____

Work Telephone: () _____

How long employed at this location? _____

OWNER Personal Reference:

Please list one personal reference – someone who does not live with you.

Name: _____

Address: _____
Address City State

Telephone: () _____ Relationship: _____

RENTER AGREEMENT

OWNER STATEMENT: I HEREBY AUTHORIZED THE BELOW TO RECEIVE UTILITY BILLING NOTICES FOR MY PROPERTY.

(Owner Signature)

RENTER'S NAME IN FULL: _____

Mailing Address (if different from above): _____

Emergency Alert & Community Communication System: If you wish to participate, please fill in the information below. It is our intent to use this system only for required/necessary/emergency alerts.

Yes, I wish to participate _____ No, I do not wish to participate at this time _____

Home Phone with Area Code: _____

Cell Phone with Area Code: _____ Text Messages (Yes) (No) (Circle one)

Additional cell phones (Same format as above):

Email Address: _____

FOR OFFICE USE: Effective Commencement Date: _____

Effective Termination Date: _____