

CITY OF YUMA
APPLICATION FOR UTILITY SERVICE
P O BOX 265/320 SOUTH MAIN
YUMA CO 80759
(970) 848-3878 OPTION #1

APPLICANT: _____

OWNER (IF NOT APPLICANT): _____

SERVICE ADDRESS: _____

MAILING ADDRESS: _____

CITY, STATE, ZIP: _____

HOME PHONE: _____

CELL PHONE: _____ WORK PHONE: _____

DATE OF BIRTH: _____

TYPE OF SERVICE REQUESTED: RESIDENTIAL _____ COMMERCIAL _____

CIRCLE ONE: RENTING BUYING OWN

SERVICE REQUESTED: ELECTRIC WATER SEWER TRASH

TRASH CONTAINER SIZE REQUESTED: 90 GALLON 300 GALLON

DATE TO BEGIN SERVICE: _____

HAVE YOU EVER HAD UTILITY SERVICE WITH THE CITY OF YUMA BEFORE? _____

IF YES, AT WHAT ADDRESS: _____

THE FOLLOWING INDIVIDUALS ARE ALLOWED TO RECEIVE PERSONAL AND/OR FINANCIAL INFORMATION REGARDING MY UTILITY ACCOUNT:

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> SPOUSE _____ | <input type="checkbox"/> FAMILY MEMBER _____ |
| <input type="checkbox"/> OTHER _____ | <input type="checkbox"/> LANDLORD _____ |

BY SIGNING THIS APPLICATION, I CERTIFY:

1. THAT I AM THE ABOVE NAMED APPLICANT AND THAT I WILL BE RESPONSIBLE FOR PAYMENT OF UTILITY SERVICES PROVIDED AT THE ABOVE ADDRESS FROM THE REQUESTED DATE OF SERVICE UNTIL I HAVE PROPERLY NOTIFIED THE CITY OF YUMA TO DISCONTINUE SAID SERVICE AND THAT ANY UTILITY DEPOSIT I HAVE MADE MAY BE APPLIED TO THE FINAL BILLING, IN THE CITY'S SOLE DISCRETION.
2. THAT I AM NOT APPLYING FOR SERVICE ON BEHALF OF ANY INDIVIDUAL(S) WHO HAS A DELINQUENT YUMA UTILITY ACCOUNT AT THE ABOVE-STATED PREMISES. FURTHER, NEITHER I NOR ANY FAMILY MEMBER OF MY HOUSEHOLD HAS A DELINQUENT YUMA UTILITY ACCOUNT.
3. THAT IN THE EVENT COLLECTION OF UNPAID BALANCES IS NECESSARY, THE CONSUMER IS RESPONSIBLE FOR THE COSTS OF COLLECTION, INCLUDING, BUT NOT LIMITED TO, DISCONNECTION OR RECONNECTION FEES AND REASONABLE ATTORNEY FEES AND COSTS, OR PENALTIES.

SIGNATURE OF APPLICANT: _____

DATE: _____

OFFICE USE ONLY

ACCT #: _____ TRANSFER FROM ACCT # _____

DEPOSIT AMOUNT: _____ DATE PAID: _____