

**CITY OF YUMA**  
**APPLICATION FOR UTILITY SERVICE**  
**P O BOX 265/910 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: \_\_\_\_\_

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**OFFICE USE ONLY**

ACCT #: \_\_\_\_\_ TRANSFER FROM ACCT # \_\_\_\_\_

DEPOSIT AMOUNT: \_\_\_\_\_ DATE PAID: \_\_\_\_\_