

New Meadows Utility Application

Check One: Residential Commercial Date: _____

Name on Billing: _____ Effective Date: _____

SERVICE LOCATION: _____ / _____
(STREET ADDRESS) (APT)

Mailing Address: _____ / _____ / _____ / _____
(Address) (City) (State) (Zip)

Email: _____

Home Phone: (____) _____ - _____ Cell # (____) _____ - _____

Physical Address (If Different): _____

Place of Employment: _____ Phone: (____) _____ - _____

Applicant Social Security Number: _____

Applicant Photo Identification #: _____

Spouse: _____ Cell # (____) _____ - _____

Place of Employment: _____ Phone: (____) _____ - _____

Spouse Social Security Number: _____

Spouse Photo Identification #: _____

Name of Relative: _____ Phone: (____) _____ - _____

Name of Friend: _____ Phone: (____) _____ - _____

DEPOSIT REQUIRED \$150.00 Receipt # _____
(Waived for property owner occupancy)

Customer Account # _____ Meter Reading: _____

This agreement is entered into, between the City of New Meadows and the customer whose name and signature are part of this document for the property listed on this document. The City of New Meadows reserves the right to discontinue service at any time to prevent fraud, abuse or injury of any kind; for failure to pay bills when due or for failure to comply with the requirements of New Meadows City Ordinances related to utility services. The customer agrees to pay all utility billings not later than 15 days after the mailing of said bills, and services may be discontinued any time after 30 days from the date of mailing in the event that the payment is not made on or before the delinquent date. If a deposit is required, I/WE understand that deposit funds will be kept by the City of New Meadows in a non-interest bearing account. The funds will be forfeited if I/WE fail to pay as agreed upon. The funds may also be applied to any amount owing to our/my account upon termination of services. I/WE also agree that if I/WE do not leave a forwarding address upon termination, the funds may be dispersed to the Idaho State Unclaimed Funds Depository.

Customer Signature: _____ Date: _____

Signature for the City: _____ Date: _____