

# 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 # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Applicant Photo Identification #: \_\_\_\_\_

Spouse/ Co-applicant: \_\_\_\_\_ Cell # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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: \_\_\_\_\_