



CITY OF BLACKFOOT UTILITY SERVICE APPLICATION FORM

SERVICE ADDRESS _____, BLACKFOOT, ID 83221

OWN

HOME

RENT

BUSINESS

PROPERTY MANAGER

MULTI-UNIT

APPLICANT INFORMATION

Name		Phone	
DL Number		SS Number	
Date of Birth		Email	
Employer Name		Work Phone	
Mailing Address (if different than service address)			

CO-APPLICANT INFORMATION

Name		Phone	
DL Number		SS Number	
Date of Birth		Email	
Employer Name		Work Phone	
Mailing Address (if different than service address)			

BUSINESS ACCOUNT INFORMATION

Company Name		Federal Tax ID	
Registered Agent Name		<input type="checkbox"/> Sole proprietorship	<input type="checkbox"/> Corporation
Phone		<input type="checkbox"/> LLC	<input type="checkbox"/> Other
E-mail			
Registered company address City, State ZIP Code			

EMERGENCY CONTACT

Name		Relationship	
Phone		Email	
Name		Relationship	
Phone		Email	

LANDLORD INFORMATION (IF APPLICABLE)

Name		Phone	
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I acknowledge receipt of the City of Blackfoot Utility Customer Service Policies & Procedures handbook. Initial: _____

Final bills are subject to being sent to collections if not paid in full by the due date. In addition, I understand that any cost for collection of past due monies, including attorney fees, collection fees or court costs can and will be charged directly to the customer or added to the customer's account balance.

I understand the City of Blackfoot's policy regarding delinquent accounts, and agree to the following:

- If a utility bill falls two (2) months past due, the account will be subject to shut-off
- Arrangements OR payment of past due bills will be made PRIOR to the shut off day (variable depending upon month)
- Payment arrangements MUST be completed using the appropriate City form, signed, and submitted to the Utility Billing Clerk in City Hall **prior to 8:00 AM on the designated Shut Off Day**

If I do not make payment arrangements OR make a payment prior to 8:00 AM on the designated Shut Off Day, I agree to pay the full amount owed on my bill, including the delinquent fee(s), regardless of whether services have been shut off.

If I do not receive a bill or delinquent bill in the mail, I agree that it is my responsibility to contact City Hall at 208-785-8600, x-1821 or Dial 2 to inquire on the status of my account. The City of Blackfoot is not responsible for delays caused by the US Postal Service.

I understand that the signature below is binding and applies to all members who live at the above address. This signature also provides authorization for the City of Blackfoot to deposit ACH funds into my account for any reimbursements.

SIGNATURES			
Applicant Name (Print)		Co-Applicant Name (Print)	
Signature		Signature	
Date		Date	

For Office Use Only / Do Not Write Below This Line

Safety/Fire Approval Signature _____ Date _____

Land Use Approval Signature _____ Date _____

Transfer Balance/Deposit From _____

Deposit Waived Cash Check # _____ XBP Receipt # _____

Today's Date _____ Turn On Date _____

Verified Lease (Initial) _____ Verified Deed (initial) _____