



CITY OF BONNERS FERRY

7232 Main Street
P.O. Box 149
Bonners Ferry, Idaho 83805
Phone: 208-267-3105 Fax: 208-267-4375

Application for Residential Utility Service

Name (first, middle initial, last): _____

Social Security Number: _____ Date of Birth: _____

Co-Customer Name (first, middle initial, last): _____

Social Security Number: _____ Date of Birth: _____

Service Address: _____

City, State, Zip Code: _____

Mailing Address: _____

City, State, Zip Code: _____

Telephone Number: _____ Cell Phone Number: _____

Name and Phone Number of Employer: _____

Co-Customer Employer Name and Phone Number: _____

Other Contact Person (Name & phone number of relative/friend not living at above address) _____

Housing Information: Own Rent

Landlord Name and Phone Number: _____

Date of Service Connection _____

Please sign in the space below and return this form along with a security deposit, photocopy of a picture ID, and certification from the current property owner of your right to enter into this contract for said property.

I hereby request utility services at the above location and agree to pay for all electric, water, sewer, and garbage services used or delivered or made available at this location until I notify the City of Bonners Ferry in writing to discontinue such services. I agree that all utility services will be delivered subject to the terms and provisions of City policies, procedures, and regulations for utility services, as they now exist or may be generally amended from time to time. I understand the City of Bonners Ferry makes no warranties of any kind and all warranties, whether expressed or implied including all warranties of merchantability and fitness for a particular purpose, are expressly disclaimed. I represent that I am either the owner of the premises described above or am renting or leasing the property from the owner. I also represent that neither I nor any member of my household have a delinquent utility account with the City of Bonners Ferry. If I am renting the property, I agree to allow the City of Bonners Ferry to inform my landlord and/or the owner of said property of any amount thirty (30) days past due or greater. I acknowledge that I have read and understand the terms and conditions of receiving utility service(s) from the City of Bonners Ferry as described above and that I have received and reviewed a copy of the Billing Policy of the City of Bonners Ferry.

Signature _____ Printed Name _____ Date: _____

Co-Customer Signature _____ Printed Name _____ Date: _____