

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 Commercial Utility Service

Name of Business:	
Service Address of Business:	
Mailing Address of Business:	
City, State, Zip Code:	
Telephone Number:	Cell Phone Number:
Date Service to Begin:	
Contact Person:	Telephone Number:
Owner Name:	
Owner Address:	
Owner Social Security Number or C	Corporate ID Number:
Name, Address, and Phone Number	r of Corporate Officers or
Partners:	
	d return this form along with a <u>security deposit</u> , <u>photocopy of a picture ID</u> , <u>and</u> <u>operty owner of your right to enter into this contract for said property.</u>
made available at this location until I n services will be delivered subject to the now exist or may be generally amended and all warranties, whether expressed dexpressly disclaimed. I represent that I from the owner. I also represent that no Bonners Ferry. I hereby expressly agreedue for more than thirty (30) days. If I and/or the owner of said property of an	above location and agree to pay for all electric, water, and sewer services used or delivered of otify the City of Bonners Ferry in writing to discontinue such services. I agree that all utility terms and provisions of City policies, procedures, and regulations for utility services, as the different time. I understand the City of Bonners Ferry makes no warranties of any kind or implied including all warranties of merchantability and fitness for a particular purpose, are am either the owner of the premises described above or am renting or leasing the property either I nor any member of my household have a delinquent utility account with the City of the to allow a lien to be placed on my interest in the above stated property for any amount pass am renting the property, I agree to allow the City of Bonners Ferry to inform my landlord y amount thirty (30) days past due or greater. I acknowledge that I have read and understand tility service(s) from the City of Bonners Ferry as described above.
Signature	Printed Name
Date	