OF BONNE	Phone: 208-267-3105 Fax: 208-267-4375		
Photo ID	Deed or Rental Agreement Deposit, LOC or ACH		
Name (first, middle initial, last):			
Social Security Number:	Date of Birth:		
Co-Customer Name (first, middle init	ial, 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 Employe	er:		
Co-Customer Employer Name and Phone Number:			
Other Contact Person (Name & phone	e 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 <u>security deposit</u>, <u>photocopy of a picture ID</u>, <u>and certification</u> 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 does not guarantee constant or uninterrupted delivery of utility services. 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: