## **CITY OF BONNERS FERRY**

7232 Main Street P.O. Box 149 Bonners Ferry, Idaho 83805 Phone: 208-267-3105 cityhall@bonnersferry.id.gov

Photo ID	Application for Residential Utility	
Name (first, middle initial, last):		
Social Security Number:	Date of Birth:	
Co-Customer Name (first, middle init	tial, 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 a	ddress)
Housing Information:Own	Rent	
Landlord Name and Phone Number: _		
Date of Service Connection		
	d return this form along with a <u>security depo</u> erty owner of your right to enter into this con	
delivered or made available at this locall utility services will be delivered sure as they now exist or may be generally kind and all warranties, whether expressed expressly disclaimed. I represent from the owner. I also represent that a Bonners Ferry. If I am renting the property of any amount thirty (30) day delivery of utility services. I acknowledge the services are the services and the services are the services and the services are the services.	abject to the terms and provisions of City policies amended from time to time. I understand the Coessed or implied including all warranties of mer that I am either the owner of the premises described in any member of my household have operty, I agree to allow the City of Bonners Ferry's past due or greater. The City of Bonners Ferry's past due or greater and understand the terms a	writing to discontinue such services. I agree that its, procedures, and regulations for utility services, ity of Bonners Ferry makes no warranties of any chantability and fitness for a particular purpose, ibed above or am renting or leasing the property a delinquent utility account with the City of y to inform my landlord and/or the owner of said
Signature	Printed Name	Date:

Co-Customer Signature\_\_\_\_\_ Printed Name\_\_\_\_\_ Date: \_\_\_\_\_