

Name (first, middle initial, last):_____

CITY OF BONNERS FERRY

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

Application for Residential Utility Service

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:		
Phone Number:	Email Address:	
Name and Phone Number of Employer:		
Co-Customer Employer Name and Phon	ne Number:	
Other Contact Person (Name & phone n	umber of relative/friend not living at above address	ss)
Date of Service Connection**Please sign in the space below and r	Rent return this form along with a <u>security deposit, p</u> y owner of your right to enter this contract for	photocopy of a picture ID, and
delivered or made available at this locati all utility services will be delivered subje as they now exist or may be generally ar kind and all warranties, whether express are expressly disclaimed. I represent that from the owner. I also represent that nei Bonners Ferry. If I am renting the proper property of any amount thirty (30) days a delivery of utility services. I acknowledge the City of Bonners Ferry as described a Ferry.	pove location and agree to pay for all electric, water ion until I notify the City of Bonners Ferry in write ect to the terms and provisions of City policies, part mended from time to time. I understand the City of ed or implied, including all warranties of merchant I am either the owner of the premises described ither I nor any member of my household have a deterty, I agree to allow the City of Bonners Ferry to past due or greater. The City of Bonners Ferry do ge that I have read and understand the terms and cubove and that I have received and reviewed a cop	ting to discontinue such services. I agree that rocedures, and regulations for utility services, of Bonners Ferry makes no warranties of any ntability and fitness for a particular purpose, above or am renting or leasing the property elinquent utility account with the City of inform my landlord and/or the owner of said ses not guarantee constant or uninterrupted conditions of receiving utility service(s) from my of the Billing Policy of the City of Bonners
Co-Customer Signature	Printed Name	Date: