

**ROOSEVELT CITY CORPORATION**  
**255 S State Street, Roosevelt, UT 84066**  
PHONE #: 435-722-5001 FAX #: 435-722-5000

**APPLICATION FOR UTILITIES AND SERVICE AGREEMENT FORM**

One individual required only who will be responsible for these utility services, complete the general information:

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ Initial: \_\_\_\_\_

If account is for a commercial building list the business name: \_\_\_\_\_

PHYSICAL STREET ADDRESS: \_\_\_\_\_ Subdivision/If Applicable: \_\_\_\_\_

CURRENT MAILING ADDRESS: \_\_\_\_\_

Street or PO # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
CELL #: \_\_\_\_\_ OTHER CONTACT #: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Are you renting this building or residence?  YES  NO

If yes, Landlord's Name: \_\_\_\_\_ CONTACT #: \_\_\_\_\_

**Please read the following. Sign, return form with \$250.00 security deposit/refundable and \$20.00 water service/nonrefundable with cash, check money order or use debit/credit card. If form returned by mail use the address mentioned above**

**UTILITY SERVICES:** Roosevelt City Corporation will furnish to the above mentioned utility services provided at the premises. Charges shall be made at the regular established rates for the appropriate classification of service in effect by Roosevelt City. These utility services will be billed each month until the responsible party notifies Roosevelt City and requests cancellation of services. Should this account be referred to a collection agency or an attorney for collection when the account is terminated, I agree to pay the final balance owing plus 33% collection fee, and all legal fees of collection with or without suit, including attorney fees and court costs. I understand Roosevelt City will be diligence in providing constant utility service to me. But, if such services shall fail or be interrupted or become irregular through cause beyond reasonable control, Roosevelt City will NOT liable for any damages resulting from such failure, interruption or irregularity.

**UTILITY DEPOSIT:** If I have not had a utility account with Roosevelt City before or if I had, but did not pay the utility bill in a timely manner, I hereby agree to pay a security deposit in the amount of \$250.00. It is understood that the utility deposit will be applied to this active account if I remit payments without a late fee for one(1) year. Failure to do so will result in the security staying on the account until I either terminate the account or have paid the amount owing each month without a penalty. When the utility account is terminated the security deposit will be applied to the account and if there is a credit it will be refunded to the individual listed above and signed this form.

**DELINQUENCY:** Payment of the charges made shall be due before the 25<sup>th</sup> of each month. If paid after the 25<sup>th</sup> there will be a late fee applied in the amount of 10% that will be applied to the account. If the previous month has not been paid the account will be subject to the being water service discontinued and the consumer will be notified by mail. Failure to remit payment as so designed, Roosevelt City will have the authority to turn off the water until all unpaid balances including the current bill, deposit if not on the account and reconnect fee is paid in full. Water service will be restored when the charges are paid in full.

I hereby have read and agree to the terms and conditions bound by the ordinance adopted by Roosevelt City and will be responsible for payment of services:

SIGNATURE : \_\_\_\_\_ DATED: \_\_\_\_\_

**OFFICE USE ONLY:** Water Service Fee/ \$20.00 Date Paid: \_\_\_\_\_ Security Utility Deposit/ \$250.00 Date Paid: \_\_\_\_\_

**DATE ORDERED FOR UTILITY SERVICE:** \_\_\_\_\_ **TIME:** \_\_\_\_\_ (If needed only)

\_\_\_\_ Turn Water on and read meter Meter Size: \_\_\_\_\_ 3/4" \_\_\_\_\_ 1" \_\_\_\_\_ Other (state size)

\_\_\_\_ Transfer Only/Read Meter

\_\_\_\_ Seasonal Consumer/Reconnect Services CULINARY WATER METER #: \_\_\_\_\_

\_\_\_\_ Vacant Lots(Home Vacant/Water turned off) MXU #: \_\_\_\_\_

CULINARY METER READING: \_\_\_\_\_

**BILL FOR:** \_\_\_\_\_ **SECONDARY WATER METER #:** \_\_\_\_\_

**MXU:** \_\_\_\_\_

Water \_\_\_\_\_ City \_\_\_\_\_ County **SECONDARY WATER READING:** \_\_\_\_\_

Sewer \_\_\_\_\_ City \_\_\_\_\_ County Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

Garbage \_\_\_\_\_ City for 1 or 2 garbage cans (circle one)

SECONDARY WATER \_\_\_\_\_ YES \_\_\_\_\_ NO (City Residents that have this service provided)

**CUSTOMER I.D. #:** \_\_\_\_\_ **ACCOUNT #:** \_\_\_\_\_ **Previous Customer's I.D. #** \_\_\_\_\_

(that lived at this address)