



HIGHLAND CITY • 5400 West Civic Center Drive, Suite 1 • Highland, UT 84003

(801) 756-5751 • Fax (801) 756-6903

APPLICATION FOR CITY SERVICES

PLEASE PRINT

Name:	Occupancy Date:	Phone:
Street Address where service is required _____	OFFICE USE ONLY	
Mailing Address if different: _____	Connection Fees When Applicable: Sewer: _____ TSSD Impact Fee: _____ Pressurized Irrigation Impact Fee: _____	
Resident:	Spouse:	
Social Security No:	Social Security No:	
Drivers License No:	Drivers License No:	
Employer:	Employer:	
Employer's Address	Employer's Address	
Emergency Contact:	Emergency Contact:	

I/we, the undersigned, hereby apply for services with Highland City for the above named premises and agree to pay any and all charges incurred for said services in accordance with rates fixed by Highland City. Failure to pay my/our bill by the 20th of the month will result in a 1.5% late fee for each month the bill remains unpaid.

An account setup fee of \$25.00 shall be included with this application with the exception of new homes (paid with building permit). My/our failure to pay my/our bill for a period of 30 days or my/us having an excessive balance, will result with discontinuance of my/our service(s). A re connection fee of \$80.00, a 10% penalty, plus payment of all outstanding balances must be paid in full before service will be restored. **Services will not be restored after hours.** I/we further agree to allow Highland City's personnel to enter upon such property and to terminate services when I/we have been delinquent in the payment of services, provided I/we have been notified of such proposed termination and the reason thereof prior to such termination.

I/we agree to pay all reasonable attorney fees and the other cost incurred by Highland City to obtain collection on this account.

Signature:		Date:	
() Owner () Builder		(Landlord's Name): _____ Address: _____ Phone: _____	
Subdivision:	Plat	Lot #	Square Footage:
Garbage Cans: (circle which applies) Existing Cans: 1 2		Number of Garbage Cans Wanted: 1 2	
Recycle Cans: (circle which applies) Existing Cans 0 1 2		Number of Recycle Cans Wanted: 0 1 2	

OFFICE USE ONLY

Account No:
Notes: