



Application for City Services

5400 West Civic Center Drive, Suite 1, Highland, Utah 84003
 Office Hours: Monday – Thursday, 7:30 a.m. – 6:00 p.m., Closed Friday
 Office (801) 772-4523 or Fax (801) 756-6903

Applicant Name(s):	Occupancy/Closing Date:	Phone: () -
Street Address (where service is required):		
Highland Utah 84003		
Existing Home <input type="checkbox"/>	New Construction: <input type="checkbox"/>	Owner <input type="checkbox"/> Builder

***Please note that Highland City doesn't allow renters to setup utility accounts.**

Mailing Address (if different):	City/State/Zip:
Applicant:	Co-Applicant:
Phone:	Phone:
Email:	Email:
Driver's License #:	Driver's License #:
Issue State & Expiration:	Issue State & Expiration:
Employer:	Employer:
Employer Address:	Employer Address:
Employer Phone:	Employer Phone:

Garbage Cans: (\$9.95 for first can, \$7.40 additionally) Number of Existing Cans At Service Address: 0 1 2 Requested Number of Cans: 0 1 2	Recycle Cans: (\$4.45 per can) Number of Existing Cans At Service Address: 0 1 2 Requested Number of Cans: 0 1 2
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An account setup fee of \$25.00 shall be included with this application. A valid ID must be submitted to City Staff in order to set up services, as well as documentation proving ownership (i.e. closing disclosure).

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.

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 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 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.

Any returned payments are subject to \$20 returned payment fee for each instance.

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

Applicant Signature:	Print Signature:	Date:
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Office Use Only

Account Setup Fee (\$25):	Proof of Ownership:	Process Date:
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Subdivision:		Plat:	Lot:	BP:
Account #:	Lot Square Footage:		Open Space: No Yes	
Culinary Meter ID (include ID type, i.e. B):		Culinary MXU ID (include ID type, i.e. C):		Culinary Meter Reading:
Latitude:			Longitude:	
PI Meter ID (include ID type, i.e. B):		PI MXU ID (include ID type, i.e. C):		PI Meter Reading:
Latitude:			Longitude:	
Account Notes (i.e. PI Water Purchase, Sewer Fees pre-payment or deferral):				