



2135 South Ammon Road, Ammon, Idaho 83406

APPLICATION FOR CITY SERVICES

Cash _____ Check/Money Order# _____ Credit/Debit Card _____ Receipt # _____

Date: _____ Deposit Waived: Yes No Reason: _____

*SIGNATURE OF RESPONSIBLE PARTY: _____

*NAME: _____ *SS# _____

*SPOUSE'S NAME: _____ *SS# _____

DATE OF BIRTH: _____ SPOUSE'S D.O.B: _____

*SERVICE ADDRESS: _____

*MAILING ADDRESS: _____

*LEASE OR PURCHASE DATE: _____

*TELEPHONE: _____ *WORK PHONE: _____

*EMPLOYER NAME: _____

*EMPLOYER ADDRESS: _____

*BUYING: _____ * LEASING: _____ *OWN _____

*LANDLORD NAME: _____ *LANDLORD PHONE: _____

*LANDLORD ADDRESS: _____

*NUMBER OF DOG(S): _____

*ARE YOU OPERATING A BUSINESS OUT OF THE HOME: Yes No

EXISTING HOME: Yes No NEW CONSTRUCTION: Yes No

CURB & GUTTER: Yes No DRAINAGE SWALES: Yes No

*If new construction, has Certificate of Occupancy been issued? Yes No Date Issued: _____

Please provide Closing Documents or Rental Agreement, if a Certificate of Occupancy is unavailable.

*NAME/ADDRESS/PHONE NUMBER OF NEAREST FRIEND OR RELATIVE: _____

***By signing below I acknowledge my monthly payment is due on or before the 10th of each month whether a statement is received or not. Late fees are posted after the 10th.**

X _____
Sign Date

PLEASE RETURN TO THE CITY OF AMMON OFFICE.

<p>For Office Use only: <input type="checkbox"/> Account set to receive Statements</p> <p>Billing Codes: Water _____ Sewer _____ Garbage _____</p> <p>Water Deposit: \$ _____ Deposit Posted <input type="checkbox"/> Date Input: _____</p> <p>Account Number: _____ Zone: _____ Completed By: _____</p>
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