



CITY of NORTH SALT LAKE

Utility Application & Agreement

10 East Center Street
North Salt Lake, Utah 84054
Phone: 801-335-8700
Fax: 801-335-8719
www.nslcity.org

DATE: ____/____/____

<input type="checkbox"/> Residential <input type="checkbox"/> Commercial Owner Name: _____ Driver's License #: _____ State: _____ Service Address: _____ _____ Mailing Address (if different from above) : _____ _____ Phone#'s: _____ Emergency Phone: _____ (In case of a water leak on your property) Email address: _____ Would you prefer paperless billing? Yes _____ No _____ If Commercial, please list: Manager's Name: _____ Phone : _____ Will this be a rental property? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> New Home <input type="checkbox"/> Existing Home DATE OF CLOSING: _____ SERVICE REQUESTED: <input type="checkbox"/> Water <input type="checkbox"/> Garbage <input type="checkbox"/> Both How many garbage cans do you want? _____ How many recycle cans do you want? _____ Are there cans already at the home? _____ DEPOSIT REQUIRED: Garbage: \$30.00 (Residential Only) Water: (Based on service line diameter) 3/4"-1" Line = \$70.00 1 1/2" Line = \$120.00 2" Line = 175.00 3" Line = 275.00
Office Use Only Account #: _____ Cans requested: _____ Deposit paid: _____ Date paid: _____ Receipt #: _____ By: _____ Approval: _____ Date: _____	

WATER and/or Garbage Owner Agreement

I hereby represent that I am the owner of the above mentioned property and wish to apply for the City of North Salt Lake utility services. I agree to abide by all pertinent ordinances and regulations of the City. I agree to pay, when due, the established charges for such services whether supplied to myself, tenant or other occupant. I further agree to be responsible for any garbage collection containers furnished by the City of North Salt Lake. I agree that the City may shut off the water for failure to pay for the charges when due, and that if a turn off is made, all arrears for service, including turn off and turn on charges, shall be paid in full before service is restored. In the event action is required to enforce this agreement, I agree to pay all cost including late fees, collection costs and reasonable attorney's fees.

Applicant's Signature: _____ Date: _____

Received by: _____ Date: _____

You may email this application to Alysia Hall at alysiah@nslcity.org. Once we receive your application, it is your responsibility to call our office at 801-335-8700 to pay the deposit.
* Your application will not be processed until the deposit is received.