

City of Sky Valley Application for Utility Services

PROPERTY INFORMATION

Service Location _____

Turn Service On (Date) _____

CUSTOMER'S BILLING INFORMATION

OWN RENT/LEASE

NAME _____ DRIVER'S ID# _____

MAILING ADDRESS _____

CITY, STATE & ZIP _____

HOME PHONE # _____ CELL PHONE # _____

EMPLOYER _____ BUSINESS PHONE # _____

- I am applying for utility service from the City of Sky Valley at the above address. I have received a copy of the City of Sky Valley Water Ordinance and agree to abide by all the rules for utility service as stated and to pay charges in effect as stated on each monthly bill.
- I understand that nonpayment of my account for 60 days will result in discontinuation of service. A reconnection fee of \$250.00 shall be assessed for reconnecting water service when the service has been disconnected for nonpayment.

Signature: _____ Date: _____

FOR OFFICE USE ONLY

METER SIZE _____ RESIDENTIAL COMMERCIAL

ACCOUNT # _____