

Print Form

# Utility Connection Service Application SOUTH WEBER CITY CORPORATION

OFFICE USE:  
ID#: \_\_\_\_\_  
Verified By: \_\_\_\_\_  
IWORQ #: \_\_\_\_\_  
Acct #: \_\_\_\_\_

Service to begin on: \_\_\_\_\_

APPLYING FOR:  South Weber Utilities (Water, Sewer, Storm Sewer, Garbage)  
 Construction Water

# of Garbage Cans:  1  2

Applicant #1 (Owner of Home) Info:

\*Applicant #2 Info:

Applicant Name: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Applicant Social Security #: \_\_\_\_\_

Applicant Social Security #: \_\_\_\_\_

Place of Employment \_\_\_\_\_

Place of Employment \_\_\_\_\_

Work Phone # \_\_\_\_\_

Work Phone # \_\_\_\_\_

Property Address \_\_\_\_\_

Own  Rent

Billing Address \_\_\_\_\_

Home Phone Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

Yes, I would like information from SWC such as newsletters and surveys to be emailed to me. \*\*None of your information will be sold or used for outside purposes.

Emergency Contact Name: \_\_\_\_\_

Phone Number \_\_\_\_\_

By signing this, I/We hereby apply for the above-checked utility services and agree to abide by all pertinent ordinances and regulations of the City. I/We further agree to pay, when due, the established charges for such services. I/We agree that the city may shut off the water for failure to pay the charges when due, and that if shut off occurs, all charges including late fees and up to 40% in collection/attorney fees shall be paid in full before service will be restored.

\_\_\_\_\_  
Applicant /Owner

\_\_\_\_\_  
Applicant/Owner

\_\_\_\_\_  
Applicant/Owner