



# City of Ucon

Office: 523-3971 Fax: 552-7081

Office Address: 3787 E 112 N  
Office Hours: Tues. 1:00-5:00, Wed. 9:00-4:00,  
Thurs. 9:00-1:00 p.m.

Mailing Address:  
PO BOX 98  
Ucon, ID 83454  
**Email:** cityofucon@gmail.com

## SEWER ACCOUNT APPLICATION

DATE \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_

SERVICE LOCATION \_\_\_\_\_

CITY, STATE \_\_\_\_\_ IDAHO FALLS, ID 83401

OWNER: \_\_\_\_\_

OCCUPANT: \_\_\_\_\_

MAIL BILLS TO: \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

EMAIL: \_\_\_\_\_

BIRTHDATE(S) \_\_\_\_\_

DRIVERS LICENSE #(S) & STATE \_\_\_\_\_ SOC. SEC. #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

OWN \_\_\_\_\_ RENT \_\_\_\_\_ DEPOSIT: \$ \_\_\_\_\_ PAID? Y N CASH CHECK # \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

WORK PHONE \_\_\_\_\_ OTHER PHONE: \_\_\_\_\_

**MONTHLY CHARGES: \$40.50**  
**SEWER ONLY**  
*Due on the 10<sup>th</sup> of each month for  
the previous month's service*

I, \_\_\_\_\_ (please print) as PROPERTY OWNER OR TENANT, acknowledge that I have requested that water and/or sewer service to the above property be provided by the City of Ucon. I understand that charges are billed monthly and payment is due on the 10<sup>th</sup> of each month for the previous month's service. I agree to notify City of Ucon of any changes of ownership, occupancy and mailing address. In the event of non-payment for more than two (2) months, a lien may be placed on the property and/or the account assigned for collection. I understand that I will be responsible for the account balance plus all collection charges (up to 33.3% of the account balance).

Signature: \_\_\_\_\_

Date: \_\_\_\_\_