



# City of Ucon

Office: 523-3971 Fax: 552-7081

Office Hours: Tues. 1 PM-5 PM  
Wed. 9 AM-4 PM  
Thurs. 9 AM-1 PM

**PO BOX 98**  
**Ucon, ID 83454**  
[cityofucon@gmail.com](mailto:cityofucon@gmail.com)

## WATER/SEWER ACCOUNT APPLICATION

DATE \_\_\_\_\_

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

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

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

**MONTHLY CHARGES: \$59.50**  
*Due on 10<sup>th</sup> of each month*  
WATER: \$29.00 (INCLUDES 3000 GALS)  
USAGE OVER 3000 GAL - \$0.65/1000 GAL  
SEWER: \$30.50

OWNER NAME(S) \_\_\_\_\_

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

MAILING ADDRESS: \_\_\_\_\_

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

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

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

DL NUMBER(S) \_\_\_\_\_ STATE \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

HOME PHONE \_\_\_\_\_

WORK PHONE \_\_\_\_\_

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

WILL DOGS BE KEPT ON PROPERTY? YES NO *(All dogs require licenses - separate application required. Only two dogs are allowed at one residence without a kennel license. Please contact City Hall with questions)*

I, \_\_\_\_\_ (PROPERTY OWNER OR TENANT), I hereby request water and/or sewer service to the above property and agree to pay for all water and/or sewer service used, delivered or made available at this location until I notify the City in writing to discontinue such services. Payment is due by the 10<sup>th</sup> of each month for the previous month's service and will be assessed a 1.5% penalty if not paid by the due date. Accounts not paid by the due date will be issued a shut-off notice. In the event that my account is assigned for collection; I understand that I will be responsible for all collection charges (up to 33.3% of the account balance) and legal fees. I further agree to notify the City of Ucon of any change of ownership/occupancy of property.

Sign: \_\_\_\_\_