



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 _____

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

HOME PHONE _____ CELL PHONE: _____

WORK PHONE _____ OTHER PHONE: _____

MONTHLY CHARGES: \$42.00
SEWER ONLY
*Due on the 10th 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 10th 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: _____