



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

WATER/SEWER ACCOUNT APPLICATION

DATE _____

ACCOUNT NUMBER _____

SERVICE LOCATION _____

CITY, STATE _____

MONTHLY CHARGES: \$82.50
Due on 10th of each month
WATER: \$40.50 (INCLUDES 1500 GALS)
USAGE OVER 1500 GAL - \$0.65/1000 GAL
SEWER: \$42.00

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 # _____

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 10th 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: _____

Date: _____