

**CITY OF COUNCIL, IDAHO
501 N. GALENA
PO BOX 606
COUNCIL, ID 83612
208-253-4201**

APPLICATION AND CONTRACT FOR RESIDENTIAL SERVICES

Date: _____

Property Owners Name(s): _____

Service Address: _____

A deposit of \$150.00 will be required from anyone with a poor payment history or anyone not having had a prior utility services with the City of Council. Proof of prior services may be required to waive the deposit.

Phone: _____

Mailing Address: _____

E-mail Address: _____

TERM & CONDITIONS

THE UNDERSIGNED (OWNER) AGREES TO BE RESPONSIBLE FOR THE UTILITY CHARGES FOR THIS LOCATION EACH MONTH UNTIL NOTICE OF OWNERSHIP CHANGE IS PROVIDED TO THE CITY OF COUNCIL. UTILITY CHARGES INCLUDE BUT ARE NOT LIMITED TO WATER AND SEWER, LATE CHARGES AND/OR RECONNECT CHARGES. THE NAMING OF AN AUTHORIZED AGENT SHALL NOT RELIEVE THE UNDERSIGNED (OWNER) OF THE DUTY TO PAY ALL UTILITY SERVICE CHARGED. THE CONTRACT WAS AGREED TO AND EXECUTED IN IDAHO, AND IDAHO LAW GOVERNS IT INTERPRETATION. THE DISTRICT COURT OF THE STATE OF IDAHO, IN AND FOR ADAMS COUNTY SHALL HAVE EXCLUSIVE JURISDICTION OVER ANY LITIGATION ARISING UNDER THIS CONTRACT.

Signature: _____ **Date:** _____

Deposit Yes
No
