

CITY OF COLSTRIP

Account # _____

SERVICE APPLICATION

____ WATER SERVICE
____ SEWER SERVICE

____ INDUSTRIAL SERVICE
____ RESIDENTIAL SERVICE
____ COMMERCIAL SERVICE

____ LINE SIZE

(please print)

NAME _____ CO-APPLICANT _____

SOC. SEC. NO. OR TAX ID # _____ SOC. SEC. NO. OR TAX ID # _____

SERVICE ADDRESS _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE NO. _____

EMPLOYER _____ PHONE NO. _____

CO-APPLICANT EMPLOYER _____ PHONE NO. _____

DO YOU OWN THE PREMISES FOR WHICH THE APPLICATION IS BEING MADE? YES _____ NO _____

IF NO: NAME OF LANDLORD _____

LANDLORD ADDRESS & TELEPHONE NO. _____

DATE SERVICE IS TO COMMENCE _____

This application is between the **City of Colstrip** and the customer, and the terms and conditions of this agreement incorporate all rules and regulations which govern utility services provided by the **City of Colstrip**.

These rules and regulations apply to the services at the address on the application, in addition to any other local addresses in which the customer receives service.

Failure of the customer to fulfill their contractual obligations for service, including, but not limited to nonpayment, at this address or any other service address in the applicant's name, shall constitute non-compliance and subjects the customer to discontinuance of service at all locations in the customer's name.

Failure to be current with utility charges at any service location will subject the customer to discontinuance of service at all locations in which service is provided in the name of the customer.

APPLICANT

CITY OF COLSTRIP

CO-APPLICANT

TITLE

APPLICATION RECEIVED: _____ IN PERSON _____ BY PHONE _____ OTHER _____

DEPOSIT INFORMATION: DATE _____ RECEIPT NO. _____ AMOUNT _____

DATE TERMINATED	FINAL BILL	TOTAL DUE	REASON SERVICE TERMINATED	CITY OF COLSTRIP