

Utility Department Use Only  
Account # \_\_\_\_\_



**UTILITY SERVICES APPLICATION**  
**HILDALE / COLORADO CITY UTILITY DEPARTMENTS**  
**320 EAST NEWEL AVENUE, P.O. BOX 840490**  
**HILDALE, UT 84784-0490 (435) 874-1160**

Dear Applicant,

Thank you for applying for utility services with the Hildale / Colorado City Utility Departments. Hildale / Colorado City Utilities also manages the services for Arizona Strip Landfill Corporation (ASLC). We welcome you as a utility customer. It is our privilege to serve you by providing quality utility services. This Application is a Contract between you and the Hildale / Colorado City Utility Departments and is not accepted as complete until the fees are paid.

Please review the information packet that accompanies this application form. If there is not an information packet accompanying this form, please request one at the Utility Office or call (435) 874-1160.

**Applicant Information:** (PLEASE PRINT)

Applicant Name: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Person making application) Last, First, Middle Initial (Must be 18 yrs old or older to sign contract)

If Business, Business Name: \_\_\_\_\_ Business Tax ID \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Second Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Personal Phone Business Phone

Driver's License: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
State License Number (Copy Required)

Employer: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Additional Occupant Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Service Address Information:**

Requested Service Address: \_\_\_\_\_ Apt # or Lot # \_\_\_\_\_  
Street Address  
 \_\_\_\_\_  
City State Zip

Mailing Address: \_\_\_\_\_  
P.O. Box or Route #  
 \_\_\_\_\_  
City State Zip

**Other Service Address Contact Information:**

For use in the case of a utility emergency where you cannot be contacted.

Two Contacts NOT Dwelling at the Requested Service Address:

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Requested Services:**

- Gas
- Water/Wastewater/Garbage  
     Dumpster(s) (qty) \_\_\_ Can(s) (qty) \_\_\_

Requested Connect Date: \_\_\_ / \_\_\_ / \_\_\_

**Customer Responsibility:**

By signing this contract, the Applicant agrees to pay the associated fees and costs and to pay monthly for services rendered and abide by regulations established by Hildale and/or Colorado City. Charges for service will be made at the established rates for the class of service applicable to the applicant. Should payment not be received, the applicant will be responsible for all attorney's fees, court costs, and filing fees, including charges and commissions that may be assessed by any collection agency retained to pursue collection of the balance owing, which may be as much as 50% of the principle balance owing. The applicant agrees to pay a 5% late charge for all charges not paid on the due date and 1% per month for any amount due beyond one month. The applicant further agrees to maintain and keep safe all pipeline facilities that are on the customer side of the city meter at the named address.

Applicant's Signature: \_\_\_\_\_

Date of Application: \_\_\_ / \_\_\_ / \_\_\_

Hildale/Colorado City Utility Departments are committed to serving all customers without discrimination. Utility services shall not be denied on basis of religion, race, color, national origin or ethnicity, gender, or any other basis protected under the Fair Housing Act.

**OFFICE USE ONLY**

Application Fee ..... \$ \_\_\_\_\_

FOR NEW SERVICE ONLY: This Application is valid upon receipt of Application Fee. Full payment of remaining fees and costs is required within sixty (60) days; otherwise, Application expires.

Deposit ..... \$ \_\_\_\_\_

Water Connection Fees ..... \$ \_\_\_\_\_

Water Impact Fee ..... \$ \_\_\_\_\_

Water Construction Cost..... \$ \_\_\_\_\_

Sewer Connection Fees..... \$ \_\_\_\_\_

Sewer Impact Fee..... \$ \_\_\_\_\_

Sewer Construction Cost..... \$ \_\_\_\_\_

Gas Connection Fees..... \$ \_\_\_\_\_

Gas Construction Cost ..... \$ \_\_\_\_\_

**Total Due..... \$ \_\_\_\_\_**

Paid Date: \_\_\_\_\_ Receipt # \_\_\_\_\_

Copy of Driver's License Received     Service Connection Explained

Application Received by \_\_\_\_\_

Utility Approval: \_\_\_\_\_

Date of Approval: \_\_\_ / \_\_\_ / \_\_\_

**Customer Approval of Construction:**

Signature: \_\_\_\_\_

Approval for Construction Date: \_\_\_ / \_\_\_ / \_\_\_

To be signed after review by Customer and Utility Personnel to determine Construction Costs – Within sixty (60) days of Application Fee being paid.

**Utility Department Use Only**

**Account**

Number \_\_\_\_\_

Service Order Created     Landfill Papers Completed    Processed by \_\_\_\_\_ Date \_\_\_\_\_

Notes \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_