



**RICHMOND CITY CORPORATION**  
90 South 100 West P.O. Box 9  
Richmond, UT 84333

**LOCAL UTILITIES SERVICE AGREEMENT**

LAST NAME: \_\_\_\_\_ First: \_\_\_\_\_ Initial: \_\_\_\_\_

SERVICE ADDRESS: \_\_\_\_\_

MAILING ADDRESS (If Different): \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

I request that Richmond City Corporation provide my residence/business with culinary water, wastewater (sewer), garbage, and Central Dispatch (CD) services effective \_\_\_\_\_20\_\_\_\_.

**Exemption (Check only if Applicable)**

Water \_\_\_\_\_ I have a private spring or well Sewer \_\_\_\_\_ I am utilizing an **authorized** septic tank.

I wish to participate in electronic billing. (YES) (NO)

1. By my signature below I hereby agree to assume full responsibility for the payment of the above services at the indicated address.
2. Failure to make full payment by the 26<sup>th</sup> day of each month will result in an automatic late charge of \$3.00 being added to the amount due.
3. Returned checks are sent directly to the contracted collection agency, are not handled further by Richmond City, and responsibility for resolution becomes an issue between the party listed above and the collection agency.
4. I further agree that I will be responsible for all charges associated with collection attempts for past-due services or other authorized billings.
5. Service shut-off will occur per conditions listed in the current ordinance pertaining to water & sewer.

\_\_\_\_\_  
Owners Name (Please Print)

\_\_\_\_\_  
Owners Signature

Date: \_\_\_\_\_, 20\_\_

**OVER**

**PLEASE FILL IN COMPLETELY – THIS IS CONFIDENTIAL INFORMATION FOR CITY USE ONLY AND WILL NOT BE SHARED UNLESS A COURT SO ORDERS.**

**Owner Agreement**

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Initial: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Driver License Number: \_\_\_\_\_

**Please provide a copy of your drivers license to the city.**

**Owners Current Employment:**

Employer: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_ Length of Employment: \_\_\_\_\_

**Renter Agreement**

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Initial: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Driver License Number: \_\_\_\_\_

**Please provide a copy of your driver's license to the city.**

**Current Employment:**

Employer: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_ Length of Employment: \_\_\_\_\_

**Emergency Alert & Community Communication System:** The system is used for emergency communications as well as to provide information on city related matters. You have the option to OPT-OUT at any time.

Yes, I wish to participate \_\_\_\_\_ No, I do not wish to participate at this time \_\_\_\_\_

Phone Number including area code: \_\_\_\_\_ Text Messages: (Yes) (No)

Additional Cell phones: \_\_\_\_\_ Email Address: \_\_\_\_\_

For Office Use Only:

Account #: \_\_\_\_\_ Garbage Can #: \_\_\_\_\_ Date: \_\_\_\_\_ Initials: \_\_\_\_\_