



CHANGE NAME
UTILITY SERVICE AGREEMENT 308 Constitution Way
P.O. Box 50220
Idaho Falls, Idaho 83405-0220
208-612-8280

Service Address:

Date of name change (Monday thru Friday):

Original Name

New Name:

Mailing Address:

Phone #

Email address:

E-BILL? Y N

Two Items of identification - residential

- Driver's license or government issued ID #: _____ DOB: _____
- Last four digits of social security #: _____
- Passport #: _____ • or A# for I-551: _____

Two Items of identification – commercial

- Federal ID# _____
- Driver's license or government issued ID #: _____ DOB: _____
- Last four digits of social security #: _____
- Passport #: _____ • or A# for I-551: _____

Please sign in the space below and return this form along with **a photocopy of a picture ID (s)** Forms can be faxed to (208)612-8241 or emailed to *utilities@idahofallsidaho.gov* I hereby request utility at the above location and agree to pay for all electric, water, sewer, fiber, and sanitation services used, delivered or made available at this location **until I notify the City in writing to discontinue such services**. I agree that all utility services will be delivered subject to the terms and provisions of the Idaho Falls City Code as it now exists or may be generally amended from time to time. I understand the City makes no warranties of any kind and all warranties, whether expressed or implied including all warranties of merchantability and fitness for a particular purpose, are expressly disclaimed. I represent that I am either the owner of the premises described above or am leasing or renting the property from the owner. I also represent that neither I nor any member of my household have a delinquent utility account with the City.

Signature

Printed Name