



COMMERCIAL UTILITY SERVICE AGREEMENT

308 Constitution Way
P.O. Box 50220
Idaho Falls, Idaho 83405-0220
208-612-8280

New Service Address: _____

Date Service to begin (Monday thru Friday only): _____

Mailing Address: _____

Name of Business: _____

Business Phones # _____ # _____ Fax # _____

Local Contact Person Name: _____ Phone # _____

Home Address: _____

Date of Birth: _____

Two Items of identification

____ Driver's license or government issued ID: _____

____ Last four digits of social security number: _____

____ Passport: _____

____ A# for I-551: _____

Are you currently a City of Idaho Falls utility customer? Yes _____ No _____

If Yes the address is _____

Do you wish the power turned off at the current address? Yes _____ No _____ If Yes, what date _____

Please sign in the space below and return this form along with **a photocopy of a picture ID (s)** and a **copy of your corporate tax ID #**. 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, 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 _____ Signature printed _____

Signature _____ Signature printed _____

Date _____