

**Clearfield City Application for Utility Service &  
Financial Responsibility Agreement**

Name #1: \_\_\_\_\_ Phone: \_\_\_\_\_

Service Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

SSN#: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Name #2: \_\_\_\_\_ Phone: \_\_\_\_\_

Employer #2: \_\_\_\_\_ Phone: \_\_\_\_\_

SSN#: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Reference Name: \_\_\_\_\_ Phone: \_\_\_\_\_

I certify that all statements made herein are for the purpose of obtaining from Clearfield City Corporation water and/or sewer and/or garbage service at the current rate in accordance with all city regulations and ordinances, and that all information is true, and correct to the best of my knowledge.

I agree to make a deposit of \$120.00, and to keep current all payments for any service I may use from Clearfield City Corporation. Should any delinquent condition occur, service will be disconnected and I will be charged for all current and applicable fees before services may resume. I will also be charged collection costs and reasonable attorney fees and interest if applicable.

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

Please turn water on (date): \_\_\_\_\_

Please charge my credit/debit card for the \$120.00 deposit:

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ — \_\_\_\_\_ (MM—YY) Billing Address ZIP Code: \_\_\_\_\_

Name on Credit Card (Please print): \_\_\_\_\_

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

This form may be scanned and emailed to [Utility.Billing@clearfieldcity.org](mailto:Utility.Billing@clearfieldcity.org) or faxed back to Clearfield City Utility Administration Division at (801) 525-2864. Please contact our office at (801) 525-2701 with any questions and to confirm receipt of fax.

**\*\* Proof of Ownership Required \*\***