

**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: _____

Once completed, please email this form to utility.billing@clearfieldcityut.gov. If you need assistance or have any questions, please contact our office at 801-525-2701.

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