



Nephi City Utility Contract

21 East 100 North
Nephi, UT 84648

Phone: (435) 623-0822 • Fax: (435) 623-5443
Website: nephi.utah.gov

Connect Date _____
Auto Pay Yes No

Applicant name _____
First Middle Last

Joint applicant name _____
First Middle Last

Service address _____ City/State/Zip _____

Mailing address (if different) _____ City/State/Zip _____

Phone # _____ E-mail _____

APPLICANT INFORMATION

JOINT APPLICANT INFORMATION

Social security # _____ Social security # _____

State ID/DL# _____ State ID/DL # _____

Date of birth _____ Date of birth _____

Previous address _____ City/State/Zip _____

Employer _____ Employer _____

Employer Phone # _____ Employer Phone # _____

Employer Address _____ Employer Address _____

City/State/Zip _____ City/State/Zip _____

Relative Name _____ Reference Name _____

Relative Phone # _____ Reference Phone # _____

Relative Address _____ Reference Address _____

City/State/Zip _____ City/State/Zip _____

Customer Type:

Buying Renting If renting, landlord name _____ Landlord phone _____

I hereby make application to the Nephi City Utility Department for service, and guarantee payment for said service in accordance with resolution 6/5/2001. This resolution contains a provision that all late payments (after the 25th of each month), will be assessed a minimum penalty of \$10 and a monthly interest charge of 1.50%. In the event this account is placed for collection, customer(s) shall be responsible for all collection and/or court fees incurred, including a collection fee of up to 40%, pursuant to the provisions of Utah Code Ann. § 12-1-11.

Further, release is hereby given to Nephi City to obtain any and all such information from employer(s) or references as may be deemed necessary to process this application for service or to effect collection of any unpaid balance due. I, the undersigned, hereby certify that the information given above is true and accurate.

Applicant Signature _____ Date _____

Joint Signature _____ Date _____

Office Use Only

Deposit Y / N \$ _____ Date: / / _____ Account # _____

If deposit waived, reason _____