| NORTH OGDEN CITY  |  |  |   |  |
|---|--|--|---|--|
| NORTH OGDEN UTILITIES<br>165 E Lomond View Dr<br>North Ogden, Utah 84414<br>801-782-8111<br>801-782-6453 Fax<br>www.northogdencity.com  |  | OGDEN CITY<br>VICE APPLICATIO  | N   | Account #:<br>iWorQ #:<br>Verified DL<br>Verified Closing Docs<br>Verified By:   |
| Service Start Date:   | lf yes, ha   | ave you received your Landlord   | account at all ti   | mes and will be responsible for payment  |
| Applicant Name:   |  | 2 <sup>nd</sup> Applicant's Name:  |   |  |
| Phone #: Work   |  | Phone #:   | Work #  | #:   |
| SSN: D  | OB:  | SSN:   |   | _ DOB:   |
| Driver's License # & State:   | Driver's License # & State   | cense # & State:   |   |  |
| Employer:   | Employer:  |  |   |  |
| SERVICE ADDRESS:  |  |  | such as emailed   | ould like information from NOC<br>surveys and city information to be<br>to me. **None of your<br>tion will be sold or used for outside<br>s.                                   |
| EMAIL ADDRESS:  |  | *To sign up for e-statements (newsletter<br>included) you will need to log on to<br><u>www.xpressbillpay.com</u> to set up an<br>account.  |   |  |
| Landlords – Would you like to reque<br>\$1.00 extra per month?  Yes   |  |  | e landlord a  | nd the service address for   |
| The service address is provided with<br>Would you like to add an additional<br>Would you like to add an additional  | garbage can for \$19.33  | extra per month? 🔲 Yes   |   |  |
| <ul> <li>payment is du</li> <li>if account become<br/>balance includ<br/>Consolidated F</li> <li>If the account<br/>be added to the<br/>2) that in the event of two<br/>NSF, stop payment or<br/>months, plus a return</li> </ul> | services as required by Ci<br>e at the end of the mont<br>ome delinquent, the City<br>ling all late fees, reconne<br>Fee Schedule<br>is referred to collections<br>the outstanding balance<br>to (2) or more returned p<br>closed account), services<br>check fee of \$20 for each | ervices from North Ogden C<br>ity Code 9-1-5 which states:<br>h in which statements are is<br>shall have the right to disco<br>ction fees and service fees a<br>, all charges, including up to<br>ayments (paper check, dire<br>are to be paid in cash (or ca<br>n returned payment will be a<br>ns, policies and/or ordinance | ontinue serv<br>are paid in f<br>o 30% collec<br>ct pay or EF<br>ash equivale | oid delinquency<br>vices until the account<br>ull, as approved in the<br>ction/attorney fees, will<br>T) for non-payment (e.g.<br>ent) for the next 12<br>the utility account; |
| Applicant Signature 8   | Conte:   |  |   |  |
| 2 <sup>nd</sup> Applicant Signatu   | re & Date:   |  |   |  |

| OFFICIAL USE ONLY |
|-------------------|
|-------------------|

| OFFIC       | IAL USE | ONLY |
|-------------|---------|------|
| Account Cre | eated   |      |
| Date:       | /:      | 20   |
| Scanned:    |         |      |