

NORTH OGDEN UTILITIES

165 E Lomond View Dr North Ogden, Utah 84414 801-782-8111 801-782-6453 Fax www.northogdencity.com

NORTH OGDEN CITY UTILITY SERVICE APPLICATION

Account #:iWorQ #:	
Verified DL	
☐ Verified Closing Docs	
Verified By:	

Service Start Date:	* Owner/Landlord will remain named	es No andlord Business License? Yes No d on the account at all times and will be responsible for payment, late fees, reconnect fees, and collection costs.	
Applicant Name:	2 nd Applicant's Nan	ne:	
Phone #: Work #:		Work #:	
SSN: DOB:	SSN:	DOB:	
Driver's License # & State:	Driver's License # 8	& State:	
Employer:	Employer:		
SERVICE ADDRESS: Yes, I would like inform such as surveys and city.			
BILLING ADDRESS:		emailed to me. **None of your	
EMAIL ADDRESS: *To sign up for e-statements (i			
EMERGENCY CONTACT:Name and N	Number	included) you will need to log on to <u>www.xpressbillpay.com</u> to set up an account.	
Landlords – Would you like to request a copy of \$1.00 extra per month? Yes No	delinquent statements to be sent	to the landlord and the service address for	
The service address is provided with one (1) gard Would you like to add an additional garbage card Would you like to add an additional overflow ca	n (emptied weekly) for \$20.88 extr	ra per month? 🔲 Yes 🔲 No	
 if account become delinquibalance including all late for Consolidated Fee Schedule If the account is referred to be added to the outstanding 2) that in the event of two (2) or more NSF, stop payment or closed account months, plus a return check fee of 	equired by City Code 9-1-5 which so of the month in which statements ent, the City shall have the right to ees, reconnection fees and service to collections, all charges, including balance e returned payments (paper checkint), services are to be paid in cash \$20 for each returned payment w	states:	
Applicant Signature & Date:			
2 nd Applicant Signature & Date:			

OFFICIAL USE ONLY

Account Created ______

Date: ____/ 20_____

Scanned: ______