



CITY OF BONNERS FERRY

7232 Main Street
P.O. Box 149
Bonners Ferry, Idaho 83805
Phone: 208-267-3105 Fax: 208-267-4375

Application for Commercial Utility Service

Name of Business: _____

Service Address of Business: _____

Mailing Address of Business: _____

City, State, Zip Code: _____

Telephone Number: _____ Cell Phone Number: _____

Date Service to Begin: _____

Contact Person: _____ Telephone Number: _____

Owner Name: _____

Owner Address: _____

Owner Social Security Number or Corporate ID Number: _____

Name, Address, and Phone Number of Corporate Officers or

Partners: _____

Please sign in the space below and return this form along with a photocopy of a picture ID and a certification from the current property owner of your right to enter into this contract for said property.

I hereby request utility services at the above location and agree to pay for all electric, water, and sewer services used or delivered or made available at this location until I notify the City of Bonners Ferry in writing to discontinue such services. I agree that all utility services will be delivered subject to the terms and provisions of the City of Bonners Ferry City Code as it now exists or may be generally amended from time to time. I understand the City of Bonners Ferry makes no warranties of any kind and all warranties, whether expressed or implied including all warranties of merchantability and fitness for a particular purpose, are expressly disclaimed. I represent that I am either the owner of the premises described above or am renting or leasing the property from the owner. I also represent that neither I nor any member of my household have a delinquent utility account with the City of Bonners Ferry. I hereby expressly agree to allow a lien to be placed on my interest in the above stated property for any amount past due for more than thirty (30) days. If I am renting the property, I agree to allow the City of Bonners Ferry to inform my landlord and/or the owner of said property of any amount thirty (30) days past due or greater.

Signature _____ Printed Signature _____

Date _____