

New Utilities Service Request Form

290 North 100 West Logan, UT 84321

Phone: (435) 716-9208 Fax: (435) 716-9201

In order to process your request and begin new service it is necessary that you complete the included Utility Service Request Form as explained below and return it to us so that we may update our files.

- 1 Please complete the "Service Information" section. In the "Personal Information" section put the company's tax id number in the SSN box, your driver's license number and email address and ignore all other boxes. In the "Personal References not living with you" section, put your name and information. Also put the name and information of the owner, manager, accounts payable contact, etc.
- 2 Please read the box at the top of the form and sign in the designated space. Also indicate the date you would like service to begin by adding the date to the box at the right.
- 3 Please enlarge a copy of your drivers license and send it along with the completed service request form. If you are coming to our office in person, bring the form and a government-issued photo id.
- If a deposit is required, it will show as a line item on the first bill. This deposit requirement can be waived if you can provide us with a letter of credit from an electric or gas company with whom you have had service within the last 3 year. The length of service with them must have been at least 36 consecutive months and all payments from the last 3 years must have been made on time. No deposit is required and no new customer fee will be charged if the service address is outside Logan city limits.

Once you have completed the steps listed above please send the completed form and a copy of your driver's license to us by fax or through the mail. Do not send it to us by email because it may not be safe. You may also contact any of our customer service clerks by phone if you have questions. Our contact information is listed at the top of this sheet. Thank you for letting us serve you.



UTILITY SERVICE REQUEST New Service/Reconnect

Initial	Date		
>112- 3716			
Initial	Date of Service		
William St.			

FINANCE DEPARTMENT	UTILITIES OF	www.loga	<u>anutar</u>	n.org	Initial	Date of Service
I accept financial responsibility fo	r this account and	understand that a \$33	3.00 resi	idential, \$54.00 commerci	al fee will be charged	
I understand that I must provide t	the deposit or a le	tter of good credit by th	ne first b	ill's due date or there will I	oe a disruption of sen	vice.
The new account set up fee and deposit are not required for unincorporated cour					Date to Begin Service	
be sent to the property owner, at the property owner's discretion.			Ty costoniers, beiniquency notices may			
Happy and the Control of the Control	the property owne	i s discretion.				
Signature	4 1	45	_	T 6		ation.
Account Information			Service Information			
Customer#		Location #	7.00	Name (Last)	(First)	(Middle)
Owner (Circle O		s Customer	Yes	Service Street Addre	ess	
Renter	(Circle (Эпе)	No			
Deposit Amount			Is the service address within the city limits? Y N			
Send duplicate bills, notices? Y N			Would you like blls, notices, etc. by email? Y N			
Email for duplicate:			Email address:			
Telephone Number			Mailing Address, City, State & Zip			
releptione number			Maning Address, Oity, State & Zip			
			nal In	formation		
SSN last 4 digits	last 4 digits Birth Date Spouse					
E-mail address				SSN last 4 digits		
E-mail address				Solv last 4 digits		
Driver's License #				Driver's License #		
- 112			11.15			
Madical cavings and de-	andont on a	lo etricitu.		1 City/Tayya	Unine	a comparate d
Medical equipment dep	bendant on e	electricity		City/Town	Uninc	corporated
Personal Refer	ences not li	ving with you		l lat	e Payments a	nd Fees
1 Parent/Relative	CHCC3 HOLH	ving with you		Late Payments and Fees \$20 fee for non-sufficient funds checks		
1 Parent/Relative				\$6 fee per meter for customer-requested meter reads		
Address	City		_			
Address City				\$22 fee to disconnect a meter \$22 fee to reconnect a meter		
7: 0						
State Zip Co	ode P	hone				ct. This fee is charged
				-1		ring 7am to 4pm M-F.
2 Friend/Relative					Payment Arrange	
				If you are unable to pay your bill in full by the due		
Address City			date, a payment arrangement might be allowed.			
				A payment arrangement will allow you to avoid being		
State Zip Co	ode P	hone		shut off while	e paying the late t	oill. Call 716-9205
			for more information about payment arrangements.			
3 Friend/Relative			If bills ar	e not paid in full by	y the due date,	
			my service will be disconnected and I hereby			
Address City			agree to pay collection agency fees, interest			
				at 18% per year, attorney's fees and court costs		
State Zip Co	ode P	Phone		and any other expense incurred in collecting		
				the unpaid balance on my account.		
The state of the s	F DAVIDE ST		omm			- 2 4 2 1 10 2 11 10