

**TENANT APPLICATION FOR UTILITY SERVICES  
IN SMITHFIELD, UTAH**

**TO THE MUNICIPALITY OF SMITHFIELD CITY, UTAH:**

**Address:** \_\_\_\_\_ . The undersigned hereby applies for utility services from the municipality of Smithfield, Utah and hereby agrees:

1. To pay charges for such services as are fixed from time to time by the governing body until such time as I shall direct such service to be discontinued.
2. To be bound by the rules, regulations, resolutions, and ordinances enacted or adopted by the governing body pertaining to the utility services.
3. The municipality shall have the right to discontinue services at its election should the applicant fail to pay charges for said services including all delinquent and reconnection fees. The municipality shall also have the right to discontinue services should the applicant or occupant of the premises fail to conform to the ordinances and regulations established by the governing body pertaining to the use of all services until all acts of nonconformance are resolved. Prior to discontinuing services, the municipality shall provide notification to the applicant and occupant, should they be different. Notification shall be U.S. Mail addressed to most recent address on file at the offices of Smithfield City.
4. To deposit **\$110.00** with the municipality on the filing of this application for service, and it is further agreed and understood that the municipality may, but need not, apply the deposit upon bills due and payable for prior service.
5. The deposit shall not be considered as an advance payment for service. Charges and unpaid accounts shall be considered delinquent, notwithstanding the existence of the deposit, and the applicant, occupant of the premises, or user of services shall not have the right to compel the municipality to apply the deposit to any account to avoid delinquency.
6. Upon final settlement of the applicant's account, any unused deposit balance shall be refunded to the applicant.

**ACH DISCLAIMER FOR MUNICIPALITY OF SMITHFIELD**

I agree that any check used for payment of services returned Non-Sufficient Funds will be debited electronically from my account utilizing an Automated Clearing House. I further agree that my account will be debited electronically for both face amount and any returned check fees involved. \_\_\_\_\_ **(Initial)**

**DISCLAIMER**

If balance is not paid-in-full by the due date, I hereby agree to pay interest in the amount of 18% per annum from the date issued on any portion that is unpaid. I also agree to pay collection agency fees not to exceed 30% of the total amount to be collected, plus all attorneys' fees and court costs involved with collections. \_\_\_\_\_ **(Initial)**

Date(m/d/yr): \_\_\_\_\_

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Name (Please Print)	Signature	Birth Date (mm/dd/yyyy) (Mandatory)
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Phone Number	Email Address	Driver's License Number & State (Mandatory)
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Employer Name, Address, Phone: \_\_\_\_\_

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Spouse's Name (Please Print)	Spouse's Birth Date (mm/dd/yyyy)	Spouse's Employer
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Name, Address & Phone Number of Nearest Relative: \_\_\_\_\_