

## **Application for Electric and Utility Services**

Applicant(s) Name	
Applicant 1 SSN	Applicant 2 SSN
Applicant 1 Date of Birth	Applicant 2 Date of Birth
Application Service Address	
Street Address	
Previous Utility Provider or Co	redit Reference Contact
Utility or Contact Name	Contact Phone:
Prior Address	_
City, State Zip	<u> </u>
*Note: Without a previous utility provider or credit refere	ence contact, the minimum deposit amount is \$400
Applicant's Employer, Work Addı	ress and Work Telephone Number
Employer	Phone
Employer Address	
City, State Zip	
Name, Address and Telephone N	umber of Nearest Relative
Name	Phone
Address	
City, State Zip	
The undersigned, in consideratio	n of the provision of electrical services/utilities
by the City of Albion, Idaho, to th	e premises located at:
Address	
which I am leasing/renting from:	
Name	or I Own/Am Purchasing (mark here)

Hereinafter referred to as landlord, agrees to pay for all electrical and utility services from the date of hook-up until the date that services are terminated and the meter is read at my request, of at the City's insistence, at the current rate established by the City of Albion.

I understand and agree that upon vacating the premises as above-described, it is my responsibility to notify the City of Albion to withdraw and terminate services at said premises. I further understand that until I have done so, I am responsible and liable to the City of Albion for all payments, charges, fees, and costs of any kind related to the provision of electrical and other utility services.

I understand and agree that the deposit of **two-times the monthly average**, **not to be less than \$200** of the above reference property (Calculated by City Office Staff at Time of Application) noted as here as \$\_\_\_\_\_\_, as paid by me to the City of Albion is to secure my prompt and full payment for all charges, fees and costs incurred by me at said premises, and that the deposit will be refunded without interest within thirty (30) days after termination of my account, but will only be refunded insofar as I have promptly and fully paid all charges as they have accrued on my account. I understand and agree that if I fail to pay any monthly charges on said account within twenty-five (25) days of the date of the billing statement, the City of Albion may, in addition to forfeiting my deposit and applying it to said amounts owed, terminate electrical and other utility services to the premises.

I understand and agree that in the event legal action is taken to collect charges, fees and costs that I have allowed to accumulate on my account with the City of Albion, and in the event the City is successful in such action, that I then shall additionally be responsible costs and fees incurred by the City of Albion, Idaho and its agents, in pursuing such legal action against me.

I further understand and agree that no electrical or utility services of the City of Albion, Idaho will be installed, hooked up, or restored for my benefit or use until all prior amounts of charges, fees and costs are paid in full to the City of Albion, Idaho.

Applicant Signature	Co-Applicant Signature
Email Address (Optional)	
City, Sta	ate Zip
Statement Mailing Address (If Diffe	erent)
Telephone No	Telephone No
Address:	Address:
Print Name:	Print Name:
Dated this day of 20	Date Moved In

## **Owner/Landlord/Lessor's Agreement**

Albion City Code, Section 4-5-4 sets forth the schedule of rates and payment policy, it states in relevant part:

services to the premises located at:

"A. General Terms. The City supplies the municipal electrical distribution systems services it provides to a specific physical address, even though the facilities providing such service may not be located directly thereon or immediately adjacent thereto. The owner of the property served shall be ultimately responsible for payment of the services provided or available to the owner's property, from the metering point. The City may allow a property owner to authorize a tenant or occupant to receive the billing and/or pay for utilities at a given address as a convenience to the property owner. Such convenience may be offered only if the owner has executed a written promise to pay for or to guarantee payment for municipal electrical services provided by the City.

The undersigned, in consideration of the agreement of the City of Albion, Idaho, to provide electrical and utility

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Which premises I own and which I am re	enting or leasing to the following named individuals, to-wit:
(Tenants/Renters)	
premises and has obtained electrical and failed or refuse to pay for such services f delinquent sums owed thereon to the Cit delinquency is mailed to me. I further ag	ne event any tenant or renter of mine, who has occupied the above-described d/or utility services from the City of Albion, Idaho for such premises, then has for any reason, then and in such event, I agree to pay, and shall pay all such by of Albion, Idaho within twenty-five (25) days of the date that the notice of such gree and understand that no electrical, utility of other service of the City of delinquent charges, and any related fees and costs are paid in full to the City of
hereinbelow. I understand that such noti	notice of delinquency shall be mailed to me at the address I have provided ice provided to me by First Class Mail, prepaid shall be effective and sufficient nat it is my responsibility to advise the City of Albion, Idaho of any changes of hip of the subject premises.
the City of Albion, Idaho which were incudescribed, then and in the event the City	ne event that legal action is taken against me to collect charges and fees owed to arred by the tenants/renters named hereinabove, at my property as abovet is successful in such legal action, I agree to also be responsible for all ne City of Albion, Idaho in pursuing legal action against me.
Dated this day of,	20
Owner/Landlord	Owner/Landlord
Print Name:	
Telephone No	Telephone No