



# CEDAR CITY

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[utilitysignup@cedarcity.org](mailto:utilitysignup@cedarcity.org)

**Mayor**  
Garth Green

**Council Members**  
R. Scott Phillips  
Tyler Melling  
Terri Hartley  
Craig Isom  
Ron Riddle

**City Manager**  
Paul Bittmenn

Meter Set \_\_\_\_\_  
FOR OFFICE USE ONLY

Bin Order \_\_\_\_\_  
FOR OFFICE USE ONLY

TO CEDAR CITY, A MUNICIPAL CORPORATION:

The undersigned hereby applies for utilities service for his/her premises, and hereby agrees to pay service charges for utilities as fixed by CEDAR CITY, and agrees to be bound by the rules, regulations and ordinances of CEDAR CITY for the control of the CITY's utility systems, and in the event of a failure to pay the utility charges, the CITY shall have the right to shut off the water meter, and the CITY's election. Any delinquent account may be turned over to a collection agency, and applicant will be responsible for any and all collection fees legally assessed by said agency.

**FOR OFFICIAL USE ONLY:**

CODES: WA \_\_\_\_\_ SB \_\_\_\_\_

G/L \_\_\_\_\_ ERU'S \_\_\_\_\_

METER READ: \_\_\_\_\_

ACCOUNT #: \_\_\_\_\_

EFFECTIVE: \_\_\_\_\_

DATE: \_\_\_\_\_

OWNER(S) SIGNATURE \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

**PRINT FULL NAME:** \_\_\_\_\_  
OWNER  
(\*REQUIRED)

\_\_\_\_\_  
SOCIAL SECURITY NUMBER/EIN

\_\_\_\_\_  
OWNER  
(\*REQUIRED)

\_\_\_\_\_  
SOCIAL SECURITY NUMBER/EIN

SERVICE ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

OR \_\_\_\_\_

STREET

POST OFFICE BOX

CITY

STATE

ZIP CODE

PHONE NUMBERS: (HOME/CELL) \_\_\_\_\_ (BUSINESS) \_\_\_\_\_

DATE OF CLOSING: \_\_\_\_\_ TITLE COMPANY: \_\_\_\_\_

IF NEW CONSTRUCTION: (Name of Contractor) \_\_\_\_\_

(Date Bldg Permit Paid) \_\_\_\_\_

Meter Size: \_\_\_\_\_ Lot No. \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_ Unit \_\_\_\_\_

OR PREVIOUS OWNER: \_\_\_\_\_