



**HCC UTILITY DEPARTMENT**  
MAKING CONNECTIONS

# APPLICATION FOR UTILITY SERVICE

**HYDRANT METER #** \_\_\_\_\_

HILDALE / COLORADO CITY UTILITIES  
320 EAST NEWEL AVENUE P. O. BOX 840490  
HILDALE, UT 84784-0490 (435)874-2323

Utility Department Use Only

**Account #** \_\_\_\_\_

## HYDRANT METER ONLY. AVAILABLE BASED ON WATER AVAILABILITY

Service can be obtained as lines are available.

Company: \_\_\_\_\_ Applicant: \_\_\_\_\_

SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ EIN#: \_\_\_\_\_ / \_\_\_\_\_ Phone #: \_\_\_\_\_

Driver's License # \_\_\_\_\_ State \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Requested Dates: START \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ FINISH \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Service Address: \_\_\_\_\_ City: \_\_\_\_\_ OR

General Location Meter to be Installed \_\_\_\_\_

### Two Contacts other than Applicant:

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Title: \_\_\_\_\_

### CHARGES AT SIGNING:

DEPOSIT: \$ \_\_\_\_\_

TOTAL PAID: \$ \_\_\_\_\_

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### CONSUMER RESPONSIBILITY:

The applicant agrees to pay monthly for services rendered and abide by water and regulations established by Hildale and/or Colorado City. Charges for service will be made at the established rates for the class of service applicable to the applicant. Should payment not be received, I will be responsible for all attorneys' fees, court costs filing fees, including charges or commissions that may be assessed to us by any collection agency retained to pursue collection of the balance owing, which may be as much as 50 % of the principle balance owing. I further agree to pay interest at the rate of 1.5 % per month (18% APR) pre and post judgment.

Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Utility Department Approval: \_\_\_\_\_ Date: \_\_\_\_\_