

Utility Service Transfer Application - Tenant Occupied

Email this form to LuAnn Peterson at: lpeterson@hideoututah.gov Phone 435-776-6080

ACCOUNT #:	EFFECTIVE MONTH & YEAR
SERVICE ADDRESS (Number	r & Street):
HOMEOWNER / LANDLORI	D:
NAME:	
	-
HOME PHONE:	WORK / CELL PHONE:
TENANT APPLYING FOR SE	RVICE:
NAME:	
HOME PHONE:	WORK / CELL PHONE:
Owner Agreement	
waive my right to receive a water management for the tenant in case tenant shall rules, or regulations of the	he Town of Hideout send all Utility Bills directly to the tenant and II bills relative to water usage, sanitary sewer service and/or storm above service address. I/We will pay for all services furnished to fail to pay for the same according to the ordinances, resolutions, Town. I understand that this transfer will not go in effect until all e above effective month are paid in full.
Date:	Owner Signature:
Tenant Agreement	
sewer service and/or storm	ept responsibility for all charges pertaining to water usage, sanitary water management effective the month and year above. I ing charges may be billed to my account as applicable.
Date:	Tenant Signature: