



1 1ST GARBAGE (mandatory) CAN # \_\_\_\_\_  
 \_\_\_\_\_ 2ND GARBAGE CAN # \_\_\_\_\_  
 \_\_\_\_\_ GREENWASTE CAN # \_\_\_\_\_  
 1 RECYCLE CAN (mandatory) CAN # \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ TOTAL CANS (BLACK/GREEN/BLUE)

West Point City  
 3200 W 300 N  
 West Point, UT 84015  
[www.westpointcity.org](http://www.westpointcity.org)  
 Phone: 801-776-0970  
 Fax: 801-525-9150

**UTILITY SERVICE APPLICATION**  
**BUSINESS**

DATE OF APPLICATION: \_\_\_\_\_

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

SERVICE START DATE: \_\_\_\_\_

HOA ADDRESS? (IF YES, DO NOT ADD SECONDARY SERVICE)

YES

NO

HOOPER WATER ADDRESS? (IF YES DO NOT ADD WATER SERVICE)

YES

NO

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

PROPERTY TYPE:

Residential

LEGAL BUSINESS NAME: \_\_\_\_\_

Commercial

CONTACT PERSON: \_\_\_\_\_

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

PHONE #: \_\_\_\_\_

(IF DIFFERENT FROM ABOVE ADDRESS) \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP

I/We hereby apply for utility services, and abide by all pertinent ordinances and regulations of West Point City (hereinafter called "The City"). I further agree to pay, when due, the established charges for such services. I agree that The City may shut off the water for failure to pay culinary water, sewer, garbage, secondary water and storm drain charges when due. I understand that, in addition to the above, The City may assess late and/or shut off fees for which I will be responsible for paying if I am late or my water gets shut off for nonpayment. If shut off occurs, all arrears for services including all fees shall be paid in full before service is restored via cash, cashier's check or credit card. In the event that action is required to enforce this agreement, I agree to pay all costs including late fees, shut off fees, collection costs, court costs and reasonable attorney's fees. The person signing below is assumed to be the authorized signer and understands and agrees to the responsibilities aforementioned.

\_\_\_\_\_  
 AUTHORIZED SIGNER FOR BUSINESS

\_\_\_\_\_  
 PRINTED NAME

\_\_\_\_\_  
 TITLE

**For Office Use**

Deposit :\$60

OWNER VERIFIED: \_\_\_\_\_

Cash  Credit Card  Check

Check #: \_\_\_\_\_ Amount: \_\_\_\_\_

Employee: \_\_\_\_\_

Date Paid: \_\_\_\_\_

Entered in computer

Date Entered: \_\_\_\_\_ Employee: \_\_\_\_\_