

# City of Sky Valley

Application for Utility Services



**Service Location:** \_\_\_\_\_

**Begin Service:** \_\_\_\_\_

**Own**       **Rent/ Lease**

## Customer's Billing Information

**Name:** \_\_\_\_\_ **Driver's License#** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City, State & Zip:** \_\_\_\_\_

**Contact Phone:** \_\_\_\_\_ **Secondary Phone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **Secondary:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Business Phone:** \_\_\_\_\_

I am applying for utility service from the City of Sky Valley at the above address. I have received a copy of the City of Sky Valley Water Ordinance and agree to abide by all the rules for utility service as stated and to pay charges in effect as stated on each monthly bill.

I understand that nonpayment of my account for 60 days will result in discontinuation of service. A reconnection fee of \$75 shall be assessed for reconnecting water service when the service has been disconnected for non-payment.

By providing my email address, I agree to receive electronic communications from the City of Sky Valley.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Completed Applications may be emailed to: [Deputyclerk@skyvalleyga.com](mailto:Deputyclerk@skyvalleyga.com)**