



New Utilities Service Request Form

290 North 100 West
Logan, UT 84321

Phone:(435) 716-9208

Fax:(435) 716-9201

In order to process your request and begin new service it is necessary that you complete the included Utility Service Request Form as explained below and return it to us so that we may update our files.

- 1 Please complete the white boxes. In the "ID Information" section enter the company's tax id number in the SSN last 4 or Tax ID # box, your driver's license number and email address and ignore all other boxes. In the "Emergency Contacts not living with you" section, put the name and information of yourself, the owner, manager, accounts payable contact, etc.
- 2 Please read the box at the top of the form and **sign** in the designated space. Also indicate the date you would like service to begin by adding the date to the box at the right.
- 3 Please enlarge a copy of your drivers license and send it along with the completed service request form. If you are coming to our office in person, bring the form and a government-issued photo id.
- 4 If a deposit is required, please pay it within 1 month of signing up for utilities.

Once you have completed the steps listed above, please send the completed form and your driver's license to us by fax, mail or email. Please realize if you send the form by email and a hacker hacks the email, the hacker has a lot of your private information. If you are willing to accept this risk, the email address is **utility.billing@loganutah.org**. You may also contact any of our customer service representatives by phone if you have questions. Our contact information is listed at the top of this sheet. Thank you for letting us serve you. Please attach a copy of your driver's license, by clicking the button below.



UTILITY SERVICE REQUEST

New Service/Reconnect

Phone (435) 716-9208 Fax (435) 716-9201
www.loganutah.org

Initial	Date
Initial	Date of Service

I accept financial responsibility for this account and understand that a \$33.00 residential, \$54.00 commercial fee will be charged. I understand that I must pay the deposit, if one is required, or there will be a disruption of service. Delinquency notices may be sent to the Property Owner, at the Property Owner's discretion.

Date to Begin Service

Signature

Account Information		Service Information	
Customer #	Location #	Name (Last)	(First) (Middle)
Owner (Circle One)	Previous Customer Yes	Service Street Address	
Renter	(Circle One) No		
Deposit Amount		Mailing Address, City, State & Zip	
Is the service address within the city limits? Y N		Would you like bills, notices, etc. by email? Y N	
Telephone Number		Email address:	
ID Information			
SSN last 4 or Tax ID #	Birth Date	Spouse's Name	
E-mail address		SSN last 4 digits	
Driver's License #		Driver's License #	

At the election of either you or us, any claim, dispute or controversy ("Claim") by either you or us against the other, or against the employees, agents or assigns of the other, arising from or relating in any way to this Agreement or your Account or any transaction on your account shall be submitted to binding arbitration. You further agree that no class actions, joinder or consolidation of any Claim, with a Claim of any other person or entity shall be allowable in arbitration, without the written consent of both you and us.

Emergency Contacts not living with you	Late Payments and Fees
1	\$20 fee for non-sufficient funds checks
Address City	\$6 fee per meter for customer-requested meter reads
State Zip Code Phone	\$22 fee to disconnect or reconnect a meter
2	\$94 meter tampering fee
Address City	\$71 fee for an after-hours reconnect. This fee is charged on all meters reconnected not during 7am to 5pm M-F.
State Zip Code Phone	Payment Arrangements
3	If you are unable to pay your bill in full by the due date, a payment arrangement might be allowed.
Address City	A payment arrangement will allow you to avoid being shut off while paying the late bill. Call 716-9208 for more information about payment arrangements.
State Zip Code Phone	If bills are not paid in full by the due date, my service will be disconnected and I hereby agree to pay collection agency fees, interest at 18% per year, attorney's fees and court costs and any other expense incurred in collecting the unpaid balance on my account.
Medical equipment dependant on electricity	Comments