



City of Hazelton
PO BOX 145
Hazelton, ID 83335
Phone: 208-829-5415

APPLICATION FOR CITY SERVICES

Applicant's Legal Name: _____

Social Security Number: _____ Driver's License Number: _____

Date of Birth: _____ Telephone Number: _____ Email: _____

Service Address: _____

Mailing Address: _____

Utility Start Date: _____ Do You: Own Residence: ___ **OR** Rent Residence: ___

If You Rent: Landlord's Name: _____ Landlord's Phone Number: _____

Landlord's Address: _____

I hereby make application for utility services at the premises indicated for residential purposes only. I agree with the applicable ordinances of the City of Hazelton regarding the provision of utility services, including those relating to deposits and other charges.

Applicant's Signature: _____ Date: _____

FOR OFFICE USE ONLY

Move in Date:
Move Out Date:

Moved into Utilities:
Moved out of Utilities:
Deposit applied to last bill:

Deposit entered in Utilities:
Date:
Water Amount:
Sewer Amount: