

CENTRAL VALLEY TOWN

50 W. Center, Central Vly, UT 84754 • (435) 893-9178 • cvtown1@gmail.com

UTILITY SERVICE APPLICATION

Applicant's Name: _____
(Name you would like on your water bill)

Service Address: _____

Mailing Address: _____
(if different than the service address)

Phone Number: _____

E-mail Address: _____

Number of Carts: _____ Date to Deliver: _____

Start Date of Service: _____

Please check mark one of the options below

I wish to acquire a new culinary water connection.

This connection is for an existing home.

SECURITY DEPOSIT	Amt: _____	Paid: _____
HOOKUP FEE	Amt: _____	Paid: _____
IMPACT FEE	Amt: _____	Paid: _____

Make Checks Payable to Central Valley Town.