

CUSTOMER AGREEMENT FORM

DATE: _____

ACCOUNT NUMBER _____

ACCOUNT BALANCE _____

CUSTOMER NAME _____

PHONE NUMBER _____

SERVICE ADDRESS _____ MTN HOME, ID. 83647

I AGREE TO PAY \$ _____ TO MY UTILITY ACCOUNT **BY NOON** ON _____, 20__

IF PAYMENT IS NOT RECEIVED BY CLOSING OF THE ABOVE DATE DISRUPTION OF SERVICES WILL OCCUR THE FOLLOWING DAY.

CITY HALL MUST BE NOTIFIED IN PERSON OF ANY CHANGES TO THIS AGREEMENT PRIOR TO THE SCHEDULED PAYMENT DATE.

ADDITIONAL
COMMENTS _____

CUSTOMER SIGNATURE _____ DATE _____

WATER CLERK SIGNATURE _____ DATE _____

