

City of Pocatello  
Utility Billing Department  
911 North 7th Avenue  
PO Box 4169  
Pocatello, ID 83205-4169  
(208) 234-6241 (voice)  
(208) 234-6577 (fax)  
[utilities@pocatello.us](mailto:utilities@pocatello.us) (E-mail)

CITY OF POCATELLO  
APPLICATION FOR UTILITY SERVICE

Along with this application (Signature required on 2<sup>nd</sup> page), please provide the following documents:

- Warranty Deed (proof of ownership) or Lease Agreement
- Copy of Driver's License if submitting on-line otherwise a copy will be obtained in the office
- Collection or Past Due account notice (Initials and signature required on 3<sup>rd</sup> page)
- Pursuant to Pocatello Municipal Code, all customers with the City of Pocatello are required to post a utility service deposit per location: **\$150.00** for a single family residence or **\$130.00** for a multi-unit residential or commercial. Said deposit shall be applied to the account upon closure.

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Date Service to Begin: \_\_\_\_\_ Service Address: \_\_\_\_\_

Mailing Address if different than Service Address: \_\_\_\_\_

Your monthly billing statement can be sent to your email. Email address: \_\_\_\_\_

I hereby certify that I am the (*check one*) owner [ ] tenant [ ] property manager [ ] real estate agent [ ] contractor [ ] of the above-described property and that I do hereby accept and will comply with all the rules, ordinances and regulations which may be prescribed by the City relating to water, garbage, and sewer service and distribution.

COMPLETE THE FOLLOWING **REQUIRED** INFORMATION (PLEASE PRINT)

If the deed or lease is in a business name, complete the 2<sup>nd</sup> page.

\*Please note\* All parties listed on the Warranty Deed or Lease Agreement will be responsible for this account and must provide required information. If more space is needed for co-applicants, please use the back of this sheet.

Applicant Name: \_\_\_\_\_

\*\*Preferred Phone Number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

\*\*Automated courtesy phone calls may be sent

Alternate Phone Number: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer Phone Number: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Co-Applicant Name: \_\_\_\_\_

\*\*Preferred Phone Number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

\*\*Automated courtesy phone calls may be sent

Alternate Phone Number: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer Phone Number: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Sanitation Services desired: Number of 96-gallon Carts: \_\_\_\_\_ Recycling Carts: \_\_\_\_\_ Compost Carts: \_\_\_\_\_

(Sign 2<sup>nd</sup> and 3<sup>rd</sup> pages)

Business Name: \_\_\_\_\_

Federal Tax ID Number: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_

Address if different than service address: \_\_\_\_\_

Authorized Representative: \_\_\_\_\_

\*\*Preferred Phone Number: \_\_\_\_\_

\*\*Automated courtesy phone call may be sent

Position or Title: \_\_\_\_\_

Alternate Phone Number: \_\_\_\_\_

Authorized Representative: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Position or Title: \_\_\_\_\_

Alternate Phone Number: \_\_\_\_\_

Sanitation Services desired: Number of 96-gallon Carts: \_\_\_\_\_ Recycling Carts: \_\_\_\_\_

Number of 3-yard Containers: \_\_\_\_\_ Number of Weekly Collections: \_\_\_\_\_

**\*\*Note:** Accounts to be established under the name of a "limited liability company" or LLC are required to provide additional information for review by the City's Legal Department. The LLC information is available upon request.

**\*\*IT IS YOUR RESPONSIBILITY TO ADVISE OUR OFFICE OF ANY CHANGES TO THIS ACCOUNT\*\***

Signature of Applicant or Company Representative: \_\_\_\_\_

Co-Applicant Signature: \_\_\_\_\_

The deposit can accompany the application by mail to Utility Billing, City of Pocatello, P.O. Box 4169 Pocatello, ID 83205-4169, or if you wish to fax or email the application, the deposit can be paid by phone with a debit or credit card. Please fax your application to (208)234-6577 or email to [utilities@pocatello.us](mailto:utilities@pocatello.us). Services will not be effective until the completed application and applicable deposit are received. Questions can be directed to (208)234-6241 between 8:00 a.m. to 5:00 p.m. Monday through Thursday and 8:00 a.m. to 1:00 p.m. Fridays. Thank you!

**OPTIONAL SERVICES AVAILABLE:**

Bank Draft – Amount will be deducted from a checking or savings account on the due date listed on your bill. To sign-up, please sign a Bank Draft Authorization form and return it with a voided check.

On Line Bill Pay - Go to [www.pocatello.us](http://www.pocatello.us), click on Utility Bill Pay. The utility bill pay system allows customers to view their City of Pocatello account for billing, payment and consumption history. Payments can be made online with Visa or Mastercard. Recurring payments can be set up to be paid on the due date listed on your bill with Visa, Mastercard or ACH.

Credit Card Payments - Pay with a debit or credit card by calling (208)234-6241.

CITY OF POCATELLO  
Collection or Past Due Account Notice

By signing below; I (we), am (are), requesting service with the City of Pocatello for water, sewer, and garbage. I (we) further acknowledge that all previous accounts held with the City have been paid in full and that I (we) have no outstanding balance or collection accounts with the City of Pocatello.

I (we) understand that if the City becomes aware of any unpaid account including collection accounts, the City will contact me (us) and payment will be due immediately or current services will be shut off until the balance is paid in full. (Initial) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

I (we) further understand that if the final balance at my (our) previous service address remains unpaid after 30 days, the final balance will be transferred to my (our) current service address. (Initial) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Printed Name: \_\_\_\_\_

Signed Name: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signed Name: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signed Name: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signed Name: \_\_\_\_\_