

10 West Fallon Avenue Office Phone – 406-778-2692

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## City of Baker Utility Application

## **New Customers Only**

Date	Effective Date		
Street Address	Subdivision	Blk	Lot
Owner Name			
Last	First	Middle	
Business Name (If Applicable)  Driver License #State _		EIN #	
Driver License #State _	or Social Security #		
Date of Birth			
Home/Cell Phone # ( ) Mailing Address		)	
Is this property being used as a rental? Yes What type of property is this? Residential			
Have you had service with the City of Baker before	ore? Yes Date		
Co-Owner Name:			_
Las		rst	
Driver License #State	or Social Security	#	
Date of Birth			
Home/Cell Phone #: ( )	Work Phone #:	( )	
UTILI' ALL BILLS FOR WATER, SEWER AND GARBAGE SI	<b>FY BILL POLICY</b> ERVICES ARE DUE BY THI	E LAST DAY OF THI	E MONTH.
All utility bills not paid by the due date indicated on the bir remain unpaid after the next billing cycle are subject to dispaid in full before restoration of service.			
A deposit of \$150.00 is due with application before your a after 1 (one) year to applicants if bills are paid on or before returned, your final bill will be paid from the deposit and the second of t	e the due date each month. If	you disconnect service	es before deposit is
Deposit #			

Signature of Owner (s)