



UTILITY BILLING

APPLICATION FOR CONTRACTORS

One form of identification is required, must be a photo ID

Name of Business _____

Yukon Job Site Address _____

Billing Address _____

Future name of business/ building occupant _____

Owner Legal Name: First _____ MI _____ Last _____

Contact Person Name _____ Phone _____

Emergency Contact Name _____ Phone _____

Person who issues payment _____ Phone _____

Water Meters Purchased _____ Size(s) _____

I hereby certify that all the foregoing information is truthful and accurate. I understand that failure to pay my bills will result in my service being terminated. I further understand that failure to pay my final account balance will result in my account being turned over to a bad debt system. I understand that I will be responsible for any additional collection charges and/or legal fees incurred in the collection of my delinquent balance as allowed by law.

Signature

Date

Office use only:

Deposit Paid \$ _____ Form of Pmt _____ Receipt # _____ Account # _____