

CITY OF ASPEN UTILITY BILLING
TENANT ACCOUNT ACTIVATION APPLICATION FORM

DATE: _____ CID #: _____

ACCOUNT #: _____ EMAIL: _____

NAME ON ACCOUNT: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE #: _____ FAX#: _____

SOCIAL SECURITY # OR TAX ID #: _____

SERVICE ADDRESS: _____

UTILITY CONNECT (check all that apply): _____ ELECTRIC _____ WATER

CONNECT DATE: _____

ELECTRIC DEPOSIT = \$100 for **Residential Service / Three (3) Highest Monthly Bills** in the
Previous Year for **Commercial Usage** \$ _____

WATER DEPOSIT = \$50 for **Residential Service / Three (3) Highest Monthly Bills** in the
Previous Year for **Commercial Usage** \$ _____

TOTAL DEPOSIT PAID \$ _____

24-hour notice is required for all requests.

Deposit paid on this account will be held until this account has been closed and will earn 5% annual interest. When this account is closed both deposit monies and interest will be applied to the closing bill and if funds remain, a check will be mailed to your forwarding address.

**Please be advised that on your first utility bill you
will have a \$30.00 account set-up fee.**

I am solely responsible for the expenses incurred through the use of above services, including all closing bills and/or finance charges. I understand it is my responsibility to provide this office with appropriate information as to changes in account information and forwarding information pertinent to this utility service.

SIGNATURE OF CLIENT: _____

CITY OF ASPEN
UTILITY BILLING DIVISION
130 SOUTH GALENA STREET
ASPEN, COLORADO 81611-1901
FAX #: 970-920-5086
PHONE #: 970-920-5030