



THE CITY OF ASPEN

CITY OF ASPEN UTILITIES
130 S. GALENA STREET
ASPEN, CO 81611-1901
PHONE# 970-920-5030
FAX # 970-920-5086

TENANT ACCOUNT ACTIVATION APPLICATION

DATE: CID:

ACCOUNT #: EMAIL:

NAME ON ACCOUNT:

MAILING ADDRESS:

CITY: STATE: ZIP:

PHONE #: FAX #:

SOCIAL SECURITY # OR TAX ID #:

DRIVERS LICENSE OR PASSPORT #:

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 the above services, including all closing bill 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 APPLICANT: _____