

**City of Oronogo**  
Municipal Utility  
Application

Own \_\_\_\_\_ Rent \_\_\_\_\_  
Landlord Account \_\_\_\_\_

Name \_\_\_\_\_

Property Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Social Security # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone # \_\_\_\_\_

Email address \_\_\_\_\_

Spouse Employer \_\_\_\_\_ Work Phone # \_\_\_\_\_

Property Owner's Name \_\_\_\_\_ Phone \_\_\_\_\_

Property Management Name \_\_\_\_\_ Phone \_\_\_\_\_

I agree to comply with the rules in force and that are hereafter made by Oronogo Municipal Utility, and hereby do guarantee the payment of all bills as they become due. **Whether I receive a bill or not, I realize there is a bill due monthly and failure to receive a bill does not negate the payment of the same. Bills are due by the 15<sup>th</sup> of each month and late fees are assessed on the 16<sup>th</sup>. If the bill is not paid by the 25<sup>th</sup> of the month service may be shut off without further notice.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

\*\* I acknowledge that I have received a copy of the utility policy. \_\_\_\_\_ (please initial) \*\*

---

Deposit Information: Water Deposit \$ \_\_\_\_\_ Cash \_\_\_\_\_ Check \_\_\_\_\_ CRDB \_\_\_\_\_

Note: Deposits are held until you move and then it will be applied to your final bill. Any balance will be mailed by the 15<sup>th</sup> of the following month.