

## **Construction Utilities Registration Agreement**

Community Development Department 408 N. Spokane St. Post Falls, ID 83854 Phone: (208)773-8708 www.postfalls.gov

SERVICE ADDR	ESS:			
NAME:				
NAME:		☐ OWNER	□ BUILDE	R
CURRENT COM				
Street				
City		State		Zip
PHONE #	Home:			WORK:
WORK BUSINES	SS NAME: _			
	□ RESIDENTIAL □ COMMERCIAL			
CITY WATER		☐ EAST GRE	ENACRES	☐ ROSS POINT WATER
WATER METER	SIZE:			
WATER CAPITA	LIZATION (	SERVICE SIZE	):	
IRRIGATION ME	TER SIZE:			
IRRIGATION CA	PITALIZATI	ON (SERVICE	SIZE)	_
NOTES:				
				essing fee to set up new services.
	t after twelve	(12) consecutive		our deposit will be applied to your on-time payments or at the time you
services in my nai	me for the ac	ldress listed abo	ve. I am sol	e City of Post Falls will begin utility ely responsible for payment for said roperty and will notify the City at that
SIGNATURE:				