

City of New Plymouth

301 N Plymouth Ave.
New Plymouth, ID 83655

Phone: (208)278-5338
Fax: (208)278-5330

City Services Request

Today's Date: _____ Move-in Date: _____ Acct. Number: _____

Applicant's Name: _____

Cell Phone#: _____ Home Phone#: _____

Service Address: _____

Mailing Address (if different): _____

Applicant's Previous Address: _____

Applicant's Current Employer: _____

Applicant's Work Phone Number: _____

Co-Applicant's Name: _____

Cell Phone#: _____ Home Phone#: _____

Co-Applicant's Current Employer: _____

Co-Applicant's Work Phone Number: _____

Landlord/Property Owner's Name: _____

Address: _____

Applicants must be at least 18 years old

Photo ID

Deposit

For city services the City of New Plymouth requires:

(1) Photo ID

(2) \$80.00 water deposit

Residential _____ Water _____ Sewer _____ Garbage _____ Commercial _____

Meter Reading _____ Date Read _____

Previous Owner/Renter's Name _____

By signing this application, I acknowledge that I am responsible for city services charges until I give written notice to the City of New Plymouth for discontinuing services.

Signature _____

Date _____