



Account # _____

White City Water Improvement District Application for Service

Telephone: 801-571-3991 Fax: 801-571-2688
Website: www.wcwid.org email: info@wcwid.org

Property_Owner Name: _____

Service Address: _____

Billing Address (if different from service address): _____

Primary Phone #: _____

Secondary Phone#: _____

Cell Phone#: _____

Email Address: _____

Closing Date: _____

Additional Emergency Contact Information: _____

Employer: _____

Phone #: _____

Additional Employer: _____

Phone#: _____

Check box if you'd like to **OPT OUT** of our Code Red Emergency Notification Program

Signing of this application indicates that you will abide by all current Rules & Regulations of the District as approved by the Board of Trustee's from time to time.

Signature: _____

Date: _____