



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 than service address): _____

Primary Phone #: _____ Secondary Phone #: _____ Cell Phone#: _____

Email Address: _____ Closing Date: _____

Additional Emergency Contact Information: _____

Employer: _____ Phone #: _____

Additional Employer: _____ Phone #: _____

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

Signature : _____ Date: _____