Account #_____

White City Water Improvement District
Application for Service

Telephone: 801-571-3991 Fax: 801-571-2688
Website: www.wcwid.utah.gov, email: info@wcwid.utah.gov

Property Owner Name:_____

Service Address:_____

Billing Address (if different that 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 Trustee's from time to time.

Signature :_____ Date:_____