



CITY OF ASPEN UTILITIES
130 S. GALENA STREET
ASPEN, CO 81611-1901
PHONE# 970-920-5030
FAX # 970-920-5086

TENANT ACCOUNT ACTIVATION APPLICATION

DATE: ACCOUNT#:

CID #: EMAIL:

NAME ON ACCOUNT:

SERVICE ADDRESS:

MAILING ADDRESS:

CITY: STATE: ZIP:

PHONE #: FAX #:

UTILITY CONNECT (CHECK ALL THAT APPLY) ELECTRIC WATER

Property: Commercial RESIDENTIAL

CONNECT DATE:

Do you have a medical condition that requires uninterrupted power?

ELECTRIC DEPOSIT = \$100 For **RESIDENTIAL** Service / **Three (3) Highest Monthly Bills** in the Previous year for **Commercial** Usage. \$

WATER DEPOSIT = \$100 for **Residential** Service / **Three (3) Highest Monthly Bills** in the Previous Year for **Commercial** Usage. \$

TOTAL DEPOSIT PAID \$

24-hour notice is required for all requests.

Please be advised that on your first utility bill you will have a \$40.00 account set up fee. I am solely responsible for the expenses incurred through the use of the above services, including all closing bill and/or finance charges. I understand it is my responsibility to provide this office with appropriate information as to changes in account information and forwarding information pertinent to this utility service.

SIGNATURE OF APPLICANT: _____