

920 E. WENDOVER BLVD.,
P.O. BOX 430
WENDOVER, UT 84083



PHONE: (435) 665-7771
FAX: (435) 665-2523
WWW.WENDOVERCITYUTAH.COM

UTILITY CHANGE REQUEST FORM

Account # _____

Service Address _____

Name on Account: _____

Phone: _____

Additional Contact: _____

Phone: _____

Mailing Address: _____

City

State

Zip

REQUESTED CHANGE

Name Change / Addition Phone Number Billing Address

Name Change: _____

Phone: _____

Mailing Address: _____

City

State

Zip

Garbage: [] _____ Residential Can(s) [] 2 Yard (\$68.87/month)
[] 3 Yard (\$103.29/month) [] 4 Yard (\$137.61/month)
[] 6 Yard (\$206.59/month) [] 8 Yard (\$275.45/month)

** Residential Containers cost \$22.45 for Residents and \$68.87 if used at a commercial business (2025-06)**

Water _____
Meter ID

_____ Meter Reading

Other _____

SIGNATURE

I the undersigned understand and agree that I am responsible for all charges for the above services requested and will continue to be responsible for them until I request termination of service.

Account Holder Signature _____

Date _____