



**SECONDARY WATER AND
ENHANCED SERVICE
APPLICATION**

Pioneer Special Service District
1570 West 400 North
Marriott-Slaterville, Utah 84404
801-627-1919

Utah's Open Space City

APPLICANT INFORMATION	
NAME:	COMMERCIAL OR RESIDENTIAL:
ADDRESS:	
EMAIL:	PHONE:
PROPERTY OWNER INFORMATION (if different than applicant)	
NAME:	
ADDRESS:	
EMAIL:	PHONE:
SERVICE ADDRESS	
ADDRESS:	

- I hereby apply for secondary water service in Marriott-Slaterville City.
- The undersigned, his successors, and assigns, do hereby agree to assume all the duties, obligations and responsibilities required by the Public Works Standards and Technical Specifications and any special conditions imposed by the City Engineer or the Pioneer Special Service District.
- The undersigned understands that the District is operated by the City; and agrees to pay monthly service maintenance and utility fees assessed by the City under the District or other service provider as well as the any required connection and impact fees.
- In the event of failure to pay for services at the above-mentioned property, I hereby authorize the District to shut off the water to this property at its election and without further notice.
- The undersigned further agrees to be bound by all rules and regulations of the District for the control of its water system.
- The undersigned specifically agrees to pay all reasonable attorney's fees and court costs in the event legal action is taken to collect on the account. The undersigned further agrees to pay an additional amount of forty percent (40%) of the principal balance if the account is referred to a collection agency or attorney for collection.
- The undersigned understands that they are responsible for all damage occurring at the meter, including but not limited to the ring and lid, radio, antenna, and register. The District will replace damaged equipment and will bill the homeowner.
- The undersigned understands that the District will bill my fees via Bona Vista Water District and that the fees will be specified "enhanced services" on the bill.

Signature: _____ Date: _____

District Use Only			
Date Received: _____	Received By: _____	Fee(s) Paid: \$ _____	Payment Method: _____