

Request for Residential Utility Services

| Personal Information | | | |
|--|--|---------------------|------------------|
| Full Name: | | | |
| DOD | Last | First | M.I. |
| DOB: | | SSN or Gov't ID: | |
| Spouse Name: | | | |
| DOD | Last | First | M.I. |
| DOB: | | SSN or Gov't ID: | |
| Service Address: | Street Address | | Apartment/Unit # |
| | | | |
| Mailing Address: | Street Address - PO BOX (If different than service | addrase) | |
| | Street Address - 10 DON (1) different than service | uuuress) | |
| Home Phone: | | Alternate Phone: | |
| P 4 | | | |
| Email: | | Service Start Date: | |
| Renters Only: | | | |
| nemers only. | n . In | V | |
| Rental Property: Yes No Deposit: \$60.00 | | | |
| Owner of Property: Phone: | | | |
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| Dilling Dung of Long (Onding on an #400) | | | |
| Billing Procedure (Ordinance #400) | | | |
| For each residence, all billing will be made quarterly at an established minimum rate. All bills are for the previous quarter's usage. There | | | |
| shall be an added charge of 10% of the current amount due; if the bill is not paid on or before the billing's due date. Any account that is 30 days past due at time of billing is considered delinquent. A shut off notice will be given at that time. The bill needs to be paid within those | | | |
| ten days or services will be shut off until the account is paid. Any service that has been shut off due to delinquency will need to pay a \$50.00 reconnect fee. All utility charges are a lien upon the property and can be charged to a person's property taxes. Payments can be | | | |
| mailed or brought to the City Office. There is a collection box outside the office for your convenience. If you need to have your services | | | |
| discontinued let the City Clerk know as soon as possible. | | | |
| Renters are required to pay \$60.00 as a Deposit on their Utility Account. | | | |
| I understand that by signing, I will be billed for all utility services charges at the above address until such time that services are discontinued. I am responsible for paying for the utility services in its entirety. | | | |
| uni responsible for pu | ying for the utility services in its entirety. | | |
| | | | |
| Signature: | | Date: | |
| | | | |
| | | | |
| For City office Use Only | | | |
| Date: Paid Amount: Check#: Account#: | | | |