

# TOWN OF KIRKLIN WATER & SEWAGE DEPTS

Residential Utility Service Application

Customer Deposit: \$125.00 \_\_\_\_\_

<b>Date:</b>	<b>Effective Date of Service:</b>
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## PERSONAL INFORMATION:

<b>NAME:</b>	<b>(CIRCLE ONE):</b> MARRIED SINGLE	
<b>WATER SERVICE ADDRESS:</b>	<b># OF PEOPLE IN HOUSEHOLD:</b>	
<b>SEND BILL TO THIS ADDRESS? (CIRCLE ONE) YES NO</b>	<b>NAME OF OTHER PERSON(S) LIVING WITH YOU :</b>	
<b>IF DIFFERENT ADDRESS:</b> APPLICANT DRIVERS LICENSE # APPLICANT SOCIAL SECURITY #		
<b>I OWN THIS PROPERTY (CIRCLE ONE): YES NO</b>	<b>HOME PH #:</b>	<b>CELL PH #:</b>

## IF RENTING, PROVIDE:

<b>NAME OF OWNER:</b>	<b>PHONE #:</b>
<b>ADDRESS OF OWNER:</b>	

## I, THE UNDERSIGNED, DO UNDERSTAND AND AGREE THAT:

- UTILITY BILLS WILL BE MAILED THE 1<sup>ST</sup> OF THE MONTH & ARE PAYABLE BY THE 15TH. IF YOU DO NOT RECEIVE A BILL BY THE 5<sup>TH</sup> OF THE MONTH, PLEASE CALL OUR OFFICE.
- ANY CHECK USED AS PAYMENT OF MY ACCOUNT WITH THE TOWN OF KIRKLIN THAT IS RETURNED FOR **NON-SUFFICIENT FUNDS**, WILL BE TREATED AS **NON-PAYMENT**. AFTER TWO (2) NON-SUFFICIENT CHECKS ARE RECEIVED, CASH OR MONEY ORDER WILL BE REQUIRED.
- THE DELINQUENT **SHUTOFF DATE IS PRINTED ON THE BILL ITSELF** — **NO OTHER NOTIFICATION OF SHUTOFF WILL BE MAILED**
- IF PAYMENT IS NOT RECEIVED BY THE SHUTOFF DATE, FULL PAYMENT PLUS A \$20.00 DURING WORKING HOURS OR A \$50.00 AFTER HOURS SERVICE CHARGE WILL BE ASSESSED BEFORE SERVICE IS REINSTATED
- PAST DUE UNPAID BILLS CREATED BY THE PRIOR OCCUPANTS MUST BE PAID IN FULL BEFORE UTILITIES WILL BE TRANSFERRED
- IF I, MY SPOUSE, OR ANY MEMBER OF MY HOUSEHOLD OWES ANY PAST DUE UTILITY BILLS, ALL OF THESE BILLS MUST BE PAID IN FULL BEFORE ANY SERVICE IS PROVIDED AT THE ABOVE SERVICE ADDRESS, AND THAT IF, AFTER THIS SERVICE IS PROVIDED, IT IS FOUND THAT SUCH BILLS DO EXIST, SERVICE WILL BE IMMEDIATELY DISCONTINUED UNTIL PAYMENT OF SUCH IS MADE IN FULL
- THAT MY UTILITY DEPOSIT IN THE AMOUNT OF \$125.00 WILL BE APPLIED TO MY FINAL BILL AND ANY REMAINDER WILL BE RETURNED TO ME WHEN SERVICE IS TERMINATED BY ME AT THE ABOVE SERVICE ADDRESS PROVIDING THE ACCOUNT IS IN GOOD STANDING
- WHEN I AM READY TO MOVE FROM THIS LOCATION I WILL NOTIFY THE OFFICE IMMEDIATELY AND GIVE MY NEW ADDRESS
- IN THE EVENT COLLECTION ACTION BY THE TOWN OF KIRKLIN IS NECESSARY, I AGREE TO PAY ALL COSTS, EXPENSES AND ATTORNEY FEES RESULTING FROM SUCH ACTION

## I CERTIFY THAT THE FOREGOING INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_