**UTILITY CONTRACT**

**ACCOUNT #**

**RESIDENTIAL**

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of Service: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Address*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Number:

(\_\_ \_\_ \_\_) \_\_ \_\_ \_\_ - \_\_ \_\_ \_\_ \_\_

Secondary Number:

(\_\_ \_\_ \_\_) \_\_ \_\_ \_\_ - \_\_ \_\_ \_\_ \_\_

*City State Zip*

(*Please read and initial each statement*)

\_\_\_\_\_\_ I AGREE TO PAY A SECURITY DEPOSIT OF $150.00 TO HAVE MY WATER SERVICE TURNED ON AND TO BEGIN A WATER, SEWER, AND TRASH UTILITY ACCOUNT IN MY NAME, LISTED ABOVE.

\_\_\_\_\_\_I UNDERSTAND UTILITY BILLS ARE DUE ON THE 1st OF THE MONTH AND DELINQUENT WITH A 10% PENALTY ON THE 6th OF THE MONTH.IF ACCOUNT IS DELIQUENT ON THE 16th OF THE MONTH, WATER SERVICE WILL BE SHUT OFF. WATER BILL PAYMENTS CAN BE MAILED, PAID AT CITY HALL VIA CASH, CHECK, MONEY ORDER, CREDIT/DEBIT CARD, OR DROPPED IN THE DROP BOX AT CITY HALL. PAYMENTS MAY ALSO BE MADE OVER THE PHONE AT (877) 690-3729 (JURISIDICTION CODE 3506) OR ONLINE AT [WWW.HAWKPOINTMO.COM](http://WWW.HAWKPOINTMO.COM)

\_\_\_\_\_\_ I UNDERSTAND THAT THERE IS A $50.00 RECONNECTION FEE IF MY WATER SERVICE IS SHUT OFF AND THAT MY SERVICE WILL NOT BE RECONNECTED UNTIL THE ACCOUNT IS PAID IN FULL, ALONG WITH THE RECONNECTION FEE.

\_\_\_\_\_\_ I UNDERSTAND THE WATER METER IS PROPERTY OF THE CITY AND SHALL NOT BE TAMPERED WITH. EVIDENCE OF TAMPERING WILL BE REPORTED TO THE POLICE RESULTING IN FURTHER LEGAL ACTION.

\_\_\_\_\_\_ I UNDERSTAND THAT MY DEPOSIT WILL BE REFUNDED TO ME ONLY AFTER ANY CURRENT AND PAST DUE BILLS ARE PAID IN FULL. IT IS ALSO MY RESPONSIBILITY TO NOTIFY CITY HALL PRIOR TO MOVING OUT SO A FINAL BILL CAN BE ISSUED. DEPOSITS WILL NOT BE REFUNDED UNTIL A FINAL READING CAN BE DONE AND A FINAL BILL IS GENERATED FOR THE ACCOUNT.

*This portion is to be completed by city clerk*

Date Paid: Deposit Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

CC | CASH | MO # \_\_\_\_\_\_\_\_ | CHECK # \_\_\_\_\_\_\_\_

Clerks Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_