

City of Hawk Point

121 West Lincoln Drive | PO Box 302 | Hawk Point, MO | 63349
Phone: 636-338-4377 * Fax 636-338-4827

UTILITY CONTRACT **RESIDENTIAL**

Printed Name: _____

Address of Service: _____

Primary Number:

Mailing Address: _____

(____) _____ - _____

Secondary Number:

Address

(____) _____ - _____

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 DELINQUENT 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 (JURISIDICION CODE 3506) OR ONLINE AT 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.

Authorized Signature

Date

This portion is to be completed by city clerk

Date Paid:

Deposit Amount: _____

CC | CASH | MO # _____ | CHECK # _____

Clerks Signature: _____
