

CITY OF KEVIL NEW CUSTOMER APPLICATION

NAME:	CELL PHONE NUMBER:
DOB: Driver's License #:	
ADDITIONAL CONTACT NAME:	TELEPHONE NUMBER:
SERVICE ADDRESS:	Previous Customer:
	Yes No
MAILING ADDRESS:	Active Service Date:
I am the:Homeowner Tenant	Landlord
If you are the Tenant, please provide the Landlord's I	Information below:
Landlord's Name:	Telephone Number:
** Please initial below indication you have read and City of Kevil.	d agree to the following terms and conditions set by the
I am requesting new utility services from t	the City of Kevil and have paid a \$100.00 deposit.
	month; I acknowledge if I am late, I will receive a penalty as not been made by the 25 th of each month my services \$75.00 reconnect fee to have services restored.
I agree to notify the City of Kevil when I w the property where services are provided.	vill no longer require services due to moving or selling of
I understand that the service line is my full city's responsibility from the water main to the mete	I responsibility from the meter to my property, while it is the er, including the meter and setter.
Customer Signature:	Date:
Clerk Signature:	Date:
OFFICE USE ONLY:	
Final Reading from previous owner/tenant	Date Deposit Paid:
Account Number:	Check Check #