



CITY OF KEVIL NEW CUSTOMER APPLICATION

NAME: _____ TELEPHONE NUMBER: _____

DOB: _____ Driver's License #: _____ CELL PHONE NUMBER: _____

EMERGENCY 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 Information below:

Landlord's Name: _____ Telephone Number: _____

**** Please initial below indication you have read and agree to the following terms and conditions set by the City of Kevil.**

_____ I am requesting new utility services from the City of Kevil and have paid a **\$100.00 deposit**.

_____ I agree to pay my bill **by the 10th** of each month; I acknowledge if I am late, I will receive a **penalty** on the amount due. I understand that if payment has not been made by the 25th of each month my services will be disconnected, and I will be required to pay a **\$75.00** reconnect fee to have services restored.

_____ I agree to notify the City of Kevil when I will no longer require services due to moving or selling of the property where services are provided.

Customer Signature: _____

Date: _____

Clerk Signature: _____

Date: _____

OFFICE USE ONLY:

Final Reading from previous owner/tenant _____

Date Deposit Paid: _____

Account Number: _____

Cash ____ Check ____ Check # _____