



City of Dixon

305 South Elm St. • P.O. Box 177 • Dixon, Mo. 65459 Phone: (573) 917-4501 • Fax: (573) 917-4610

UTILITY SERVICE AGREEMENT

WATER ~ SEWER ~ TRASH

\$100.00/\$275.00* DEPOSIT REQUIRED TO ACTIVATE SERVICES

Service for: Check one: RESIDENTIAL COMMERCIAL

NAME: _____
(First) (Last) (Middle)
 D.O.B: ____/____/____ SOCIAL SECURITY #: _____
 DRIVER'S LICENSE#: _____ PHONE: (____) _____
 EMPLOYMENT: _____ PHONE: (____) _____
 CO-APPLICANT: _____
(Any responsible party over 18 years of age)
 Co-Applicant D.O.B. ____/____/____ SOCIAL SECURITY #: _____

SERVICE ADDRESS: _____
 Is Mailing address same as service address? Yes No...if no please complete mailing address below.
MAILING ADDRESS: _____
 Are you: ___ Owner (\$100.00) ___ Renter (\$275.00)...If renting, fill in Landlord information below.
Landlord's Name (First & Last): _____ **Phone:**(____) _____

CRITICAL NEEDS: *(Please provide and make arrangements for any issues needing Utility Assistance).*

 HAVE YOU HAD SERVICES WITH US BEFORE? YES NO
 E-MAIL ADDRESS: _____
 WOULD YOU LIKE TO BE BILLED VIA E-BILL (E-mail)? YES NO

**The City of Dixon is not responsible for E-Bills NOT received due to technical difficulties or errors you may encounter with your internet or E-mail provider.*

BILLING: By initialing this section you agree to comply with the dates listed and understand the billing process.

- _____ Payments are DUE upon receipt. Bills are sent out the first week of the month for the previous month.
- _____ If payment is not received by the 20th day of the month by the end of the business day (4:00 PM) a 10% penalty will be applied.
- _____ If the bill is not paid ten (10) days after the 20th of the same month, by the end of the business day (4:00 PM) service will be disconnected. A reconnect fee of \$35.00 will accessed.
- _____ Your deposit will be applied to your final billing.

SIGNATURE: _____ **DATE:** ____/____/____

FOR OFFICE USE ONLY:		
DEPOSIT \$:	START DATE: / /	READING:
METER #	ACCOUNT #	
NOTES:		