

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/\$200.00/\$300.00* 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) ___ Business (\$200.00) ___ Renter (\$300.00)...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.

1. _____ Payments are DUE upon receipt. Bills are sent out the first week of the month for the previous month.

2. _____ 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.

3. _____ 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.

4. _____ Your deposit will be applied to your final billing.

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

FOR OFFICE USE ONLY:

DEPOSIT \$:	START DATE: / /	READING:
METER #	ACCOUNT #	
NOTES:		