

REQUIRED: CURRENT GOVERNMENT ISSUED PHOTO I.D: SOCIAL SECURITY NUMBERS

## UTILITY SERVICE CONTRACT

**City of Grandview Plaza**  
**402 State Avenue**  
**Grandview Plaza, Kansas 66441**  
Telephone: 785-238-6673

**Please print Legibly**

**Service Address** \_\_\_\_\_ **Date Service to Begin** \_\_\_\_\_

**Customer Name** \_\_\_\_\_ **DOB** \_\_\_\_/\_\_\_\_/\_\_\_\_

**SS#** \_\_\_\_\_ **DL#** \_\_\_\_\_ **State** \_\_\_\_\_ **Phone#** \_\_\_\_\_

**Email** \_\_\_\_\_ **Work Phone #** \_\_\_\_\_

Do you  own or  rent this property? (CHECK ONE)      Do you have any Pets? (Dogs)    Yes  No

**Billing Address (if different)** \_\_\_\_\_

**Emergency Contact** \_\_\_\_\_ **Phone#** \_\_\_\_\_

**Landlord Name** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Co Tenants (if over the age of 18 REQUIRED\*)**

**Name** \_\_\_\_\_ **Ph. #** \_\_\_\_\_ **DOB** \_\_\_\_\_ **DL#** \_\_\_\_\_

**Name** \_\_\_\_\_ **Ph. #** \_\_\_\_\_ **DOB** \_\_\_\_\_ **DL#** \_\_\_\_\_

The undersigned is hereby contracting for water, sewer and sanitation services with the City of Grandview Plaza and understands that persons, firms or corporations having connection with the City's water and sewer system shall pay monthly usage and service charges. Sanitation charges are billed monthly on the water bill. All billings are due on or before the first (1<sup>st</sup>) of each month to avoid penalties.

The undersigned agrees to claim no damage due to the stoppage of the flow of water resulting from accident or when stoppage is necessary to make alterations, repairs or improvements. The undersigned shall keep all plumbing fixtures on applicant's premises in good repair, shall promptly stop all leaks from such plumbing fixtures, and shall conserve water in time of water shortage.

**DEPOSIT FOR RESIDENTIAL WATER SERVICE IS \$150.00.** Deposits will be reimbursed upon final bill. Final bills are not prorated.

**DEPOSIT FOR COMMERCIAL WATER SERVICE IS \$250.00.** Deposits will be reimbursed upon final bill. Final bills are not prorated.

The undersigned agrees that if bills or charges remain delinquent, water service will be terminated. The following provisions will be applied as part of this contract:

- a. That a 10% penalty will be assessed on any amount that is not paid on or before 5:00 pm on the fifth(5<sup>th</sup>) of the month
- b. That upon non-payment of the water bill by the tenth (10<sup>th</sup>) of the month water service will be disconnected. A \$25 fee will be assessed to your account.
- c. The water service will be reconnected upon full payment of the water bill and service charges prior to the 15<sup>th</sup> of the month. On the 15<sup>th</sup> of the month (if delinquent) the water account is permanently disconnected and will require a new deposit.

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**For Office Use Only:** Account # \_\_\_\_\_ Deposit Amount \$ \_\_\_\_\_ Receipt # \_\_\_\_\_

Method of payment:    Cash      Check      Card