

CITY OF KENTON WATER WORKS DEPARTMENT

UTILITIES SERVICE CONTRACT

TENANT/ LAND CONTRACT PURCHASER

NAME: _____

LAST NAME

FIRST NAME

MIDDLE INITIAL

PHONE NUMBER _____

SERVICE ADDRESS: _____

INFORMATION WILL BE PROVIDED TO KENTON INCOME TAX DEPARTMENT

- INSIDE CORP. LIMITS OUTSIDE CORP. LIMITS RESIDENTIAL _____ # IN HOUSEHOLD
- COMMERCIAL INDUSTRIAL

SSN: _____ - _____ - _____

PHOTO I.D. MUST BE PROVIDED

PLACE OF EMPLOYMENT _____ CITY _____

SPOUSE: _____ SSN: _____ - _____ - _____

CO-TENANT'S NAME: _____

OWNER OF PROPERTY: _____ PHONE: _____

I hereby declare that neither I nor anyone in my household have any unpaid overdue utility bill(s) at this address, nor do I have any unpaid overdue utility bills at any other address where the City of Kenton provides water or sewer services. If such condition is found or occurs in the future, I contract with the City to see that such bill is paid in a prompt and expeditious manner. I agree that my refusal or the refusal of anyone in my household to pay an overdue bill will result in the City's refusal to provide utility services under this contract or, if service is already being provided, the discontinuance of such services to my current address. I further authorize the City to utilize all information provided herein to determine if I or anyone residing in my household are currently in debt to the City for previous utility bill(s).

I agree to comply with all provisions for utility services as contained in the ordinances of the City of Kenton and the General Rules and Regulations of the Utilities Department as they currently exist or, are hereafter lawfully adopted or amended.

Water deposits are not transferrable to another person or residence

I hereby declare that I have read this contract and agree to be bound by all the terms and conditions as outlined above.

Signature _____

Date _____

FORWARDING ADDRESS _____

FOR OFFICE USE ONLY CITY _____ ZIP _____

ACCOUNT NO: _____ DATE: _____ BY: _____

TENANT LAND CONTRACT OTHER _____

CUSTOMER BOOKLET PROVIDED I.D. CHECKED

DEPOSIT: \$ _____ RECEIPT NO.: _____ TRANSFER ACCT. NO.: _____

ACCOUNT CLOSED _____

APPLIED TO ACCOUNT \$ _____

DATE

DEPOSIT REFUNDED: \$ _____

BY: _____

BALANCE DUE: \$ _____

CC: WHITE-FILE; YELLOW-OWNER; PINK-TENANT