



APPLICATION FOR UTILITY SERVICE

FOR OFFICE USE ONLY	
METER READING	ON DATE
ACCOUNT NUMBER	

Applicant: _____
LAST FIRST MIDDLE

Second Applicant: _____
LAST FIRST MIDDLE

BUSINESS NAME: _____
(if different from above)

Service Address: _____ Zip Code _____

Mailing Address: _____ Zip Code _____
(if different than service address)

Name of Landlord: _____ Landlord Phone #: _____

Date Service to Begin: _____

Type of Service: Single Family Residence: _____ Multi-Family Residence: _____ # of units: _____

Business _____ Type of Business: _____

Employer: _____
Name Address

Emergency Contact: _____
Name Phone/Address

This is a contract, please read carefully. The undersigned, referred to as Applicant, hereby agrees to pay all costs of fees and/or properties due under this agreement including, but not limited to, attorney's fees and court costs set by the court, sitting without a jury. If applicant changes service address or adds an additional service address, they will be bound by this application. The Applicant further agrees to be governed by the Ordinances pertaining to water, sewer and sanitation services provided by the City of Prescott. The Applicant agrees as follows:

1. A deposit in the amount of (see below) _____ or a letter of credit is tendered herewith. This deposit is applied to Customer's account after twelve months of acceptable credit.
 \$200.00 for residential consumer
 \$250.00 for Multi-Family (2 through 5 units)
 \$325.00 for Multi-Family (over 5 units)
 For nonresidential, minimum of \$200.00 (calculated on an individual basis to cover at least two (2) months estimated bills)
2. A non-refundable service fee of \$27.09 for the City's technical and administrative services in providing the initial service to the Applicant.
3. Water, sewer, and sanitation bills will be computed in accordance with the City's authorized rate schedules, subject to modification by City Council.
4. At such time as Applicant desires to terminate service with the City, not less than one (1) business day notice must be given. A confirmation number will be given on all termination requests made telephonically. Receipt of notice of termination is when it is received at City Hall. An accurate forwarding address must be given to the City for the purpose of submitting a final billing and any remaining amount returned to the Applicant at the forwarding address. Applicant will be responsible for all charges until the City is notified to terminate service.
5. Duly authorized agents of the City shall have access at all reasonable hours to the premises for the purpose of reading or testing meters. It is the applicant's responsibility, at all times, to keep the meter unobstructed and accessible (including, but not limited to, vehicles, vegetation, fencing, and debris). After notice, a penalty of \$25.00 will be assessed for each 30-day period the violation remains in effect.

6. Bills are due when rendered and shall be delinquent after 30 days, and if not paid within that time, 1.5% interest per month will be added to the outstanding balance, and service may be disconnected by the City. Water service will be restored when the account, including interest and a service fee of \$50.00 plus tax, is paid in full. Failure to receive bills or notices shall not prevent such bills from becoming delinquent nor relieve the Applicant of his/her obligations.

APPLICANT SIGNATURE _____

Date of Birth: _____ Last 4 digits of SSN _____
 (will be used to verify customer only)

Driver's License/ID# _____ State: _____ Expiration: _____
 Include a copy of your driver's license or photo ID if mailing or faxing. Application will not be processed without a copy of your ID.

Phone number: Home _____ Work _____

E-mail address: _____
 Would you like to receive E-mail Bills? Yes No Both

APPLICANT SIGNATURE _____

Date of Birth: _____ Last 4 digits of SSN _____
 (will be used to verify customer only)

Driver's License/ID# _____ State: _____ Expiration: _____
 Include a copy of your driver's license or photo ID if mailing or faxing. Application will not be processed without a copy of your ID.

Phone number: Home _____ Work _____

ATTORNEY & COLLECTION FEE PROVISIONS FOR APPLICATIONS

COST OF COLLECTION: Applicant agrees to pay any and all costs of collection, including but not limited to, reasonable attorney fees and collection service fees, incurred by the City of Prescott or expended by the City of Prescott Legal Department to collect any delinquent account billings of applicant.

CORPORATE OFFICER PERSONAL GUARANTY: Undersigned agrees to be personally responsible for all utility billings of applicant together with any and all costs of collection, including but not limited to, reasonable attorney fees and collection service fees, incurred by the City of Prescott or expended by the City of Prescott Legal Department to collect any delinquent account billings of applicant.

_____	_____	_____	_____
Date	Signature of Officer	Title	Signature of Spouse
_____	_____	_____	_____
Date	Signature of Officer	Title	Signature of Spouse
_____	_____	_____	_____
Date	Signature of Officer	Title	Signature of Spouse