

CITY OF TAYLORSVILLE
WATER & SEWER DEPARTMENT

WATER & SEWER SERVICE AGREEMENT

This is an agreement entered into this the _____ day of _____, 2_____, by and between the City of Taylorsville (Water Dept.), hereinafter referred to as the "City" and _____, hereinafter referred to as the "Customer/Tenant". This agreement shall be deemed as a binding contract between the City and the Customer/Tenant.

I, _____, request the City to furnish water and/or sewer service to said address and hence agrees to receive service and pay in full for services rendered in accordance with the City's standard rules and rates, as filed per Ordinance # 291, adopted June 25, 2007.

Upon the request for water and/or sewer service, the Customer/Tenant assumes full responsibility for water services rendered. The discontinuance of water service for non-payment, all account fees must be paid in full before water service shall resume. Customer/Tenant grants permission to the City to release account information, without notification, to the landlord for any discrepancies due to non-payment of services.

TENANT

Customer's Name: _____ **S.S.#** _____

Spouse's Name: _____ **S.S.#** _____

Service Address: _____

Account No:# _____ **Amt Rec'd** _____

Customer Signature

City Representative

CITY OF TAYLORSVILLE

WATERWORKS

CUSTOMER FORM

Account # _____

Customer (s) Name: _____

Date in _____

Phone # _____

Cust Type _____

Cycle # _____

Street Address of Service: _____

Billing Address: _____

Other:

Driver's License _____ S S Number _____

Work Phone # _____ Fax/Cell _____ E-mail _____

Are you: The owner? _____ The Tenant? _____ Owner's Name _____

New customer (s) may give either his/her driver's license or social security number for the account. If two persons are responsible for the account, both names should be given when the account is started and deposit is paid. Account number, customer type and cycle number will be assigned by office.

Total amount to begin service: \$130.00

\$100.00 for deposit and \$30.00 activation Fee

*******For Office Use Only*******

Reading Beginning /Final Rdg _____ Date _____

Deposit Amount _____ Refundable amount _____ Date _____

Receipt # _____

Handheld Location DS (MXU#) _____