

REQUESTED START DATE _____

CITY OF WEATHERFORD RESIDENCE UTILITY SERVICE CONTRACT

NAME _____ DATE OF BIRTH _____

SPOUSE'S OR OTHER OCCUPANT NAME(S) _____

SERVICE ADDRESS _____

MAILING ADDRESS (IF DIFFERENT FROM ABOVE) _____

CITY _____ STATE _____ ZIP _____

TELEPHONE # DAY _____ OTHER _____

DRIVERS LICENSE NUMBER _____ DL STATE _____

NAME OF OWNER/LANDLORD _____ TELEPHONE # _____

HAVE YOU EVER HAD WATER SERVICE IN YOUR NAME WITH THE CITY OF WEATHERFORD?

___ YES ___ NO If "YES" APPROXIMATE YEAR _____ ADDRESS _____

IN CASE OF EMERGENCY: (Family Member at a Different Address)

NAME _____ RELATIONSHIP TO YOU _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

TELEPHONE #'S DAY _____ OTHER _____

We offer automated bank draft service. We will waive your deposit if you sign up for automatic bank draft. Would you like to have your bill automatically deducted from your bank account? _____ YES _____ NO (You will still receive a copy of your bill for your records.)

The above listed applicant(s) understand that the full amount of the bill for the City of Weatherford's Utility Service is due and payable on the due date printed on the utility bill. The applicant(s) also understand that if the bill is not paid by the due date a penalty of Ten Percent (10%) of the past due balance will be added to my bill. The applicant(s) understand that if the City of Weatherford is forced to disconnect service as a result of Non-Payment, I/we will be charged a twenty dollar (\$20.00) reconnect fee. The applicant(s) understand that Utility service will not be restored until I/we have made payment arrangements or paid the past due amount and reconnect fee. The applicant(s) understand that all utility rates are set by the City Commission and I/we will abide by this contract for the City of Weatherford to provide utility service as defined in the Weatherford Municipal Code of Ordinances.

Applicant's Signature _____ Date _____

City Representative's Signature _____ Date _____

NOTARY PUBLIC NAME _____

COMMISSION NUMBER _____ EXPIRATION DATE _____ (SEAL)

OFFICIAL OFFICE USE ONLY: ACCT # _____ - _____ - _____