



RESIDENTIAL UTILITY SERVICE CONTRACT

A photo identification card, a deposit of \$150.00 and a non-refundable \$20.00 initial service charge is required prior to connection of services.

(Please Print in All Fields)

Service Address _____ Requested Start Date _____

Own House _____ Rent House _____ Landlord _____ Phone _____

Mailing Address (if different from above) _____

City _____ State _____ Zip _____

Primary Owner of Account – All information must be completed for service to begin.

Legal Name – Last _____ First _____ Full Middle _____

Home Phone _____ Cell Phone _____ Work Phone _____

Date of Birth _____ SS# _____ DL# _____ DL State _____

Employer _____ Position _____

Have you ever had water service in your name with the City of Weatherford? Yes _____ No _____ If "Yes" Provide Service

Address _____ Disconnect Date (if transferring to a new address) _____

All Occupants over the Age of 18 are required to be listed on the account.

Legal Name – Last _____ First _____ Full Middle _____

Home Phone _____ Cell Phone _____ Work Phone _____

Date of Birth _____ DL# _____ State ID was Issued _____

Employer _____ Position _____

Legal Name – Last _____ First _____ Full Middle _____

Home Phone _____ Cell Phone _____ Work Phone _____

Date of Birth _____ DL# _____ State ID was Issued _____

Employer _____ Position _____

In Case of an Emergency – The city may contact this relative not living at the address of this utility service contract.

Name _____ Phone # _____ Relationship to Primary Owner _____

Address _____ City _____ State _____ Zip _____

Automatic Bank Draft – We will waive the deposit if you sign up for automatic bank draft. Would you like to have your bill drafted from your bank account? Yes _____ No _____ (You will continue to receive a copy of your bill prior to it being drafted.)

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. 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 the bill. 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 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. I/we hereby certify that the foregoing information is truthful and accurate. I/we understand that failure to pay my final account balance will result in my account being turned over to a collection agency. I/we understand that I will be responsible for any additional collection agency charges and/or legal fees incurred in the collection of my delinquent balance as allowed by law.

Primary Owner's Signature _____ Date _____

Notary Public Name _____

Commission Number _____ Expiration Date _____ (seal)

Office Use Only: New _____ Transfer _____ ACCT #: _____ - _____ - _____