

# CITY OF WAMEGO

## RESIDENTIAL APPLICATION AND CONTRACT FOR NEW UTILITY SERVICES

CHANGES TO ACCOUNT

CAN ADD TO ACCOUNT

ALTERNATE CONTACT ONLY

Address:	Name:	Name:
Acct. #	SSN:	SSN:
Alt. Phone:	DL #	DL #
Mailing Address:	Cell Phone:	Cell Phone:
	Work Phone:	Work Phone:
	DOB:	DOB:
Landlord:	Emergency Contact:	Phone:
Move - in date:	Email:	
Move-Out date:	Read Out Address:	

- I agree to abide by all the rules and regulations of the City, now in force, or hereafter to be fixed by the City, relating to the operation of its utilities.
- I agree to pay the activation fee in the amount of \$75.00 plus tax and to pay all bills for utility service received, used, or wasted at the above address during the period of this contract.
- I further agree that a delinquent service charge amount, as per city codes, will be added to the amount of my monthly bill if not paid by the 16th at 4:30 P.M. of each month. This agreement is to be in effect from the date hereof to the date service is discontinued for any reason.
- I further agree that all charges related to the reasonable costs of collection of any fine/fee/costs of services, as well as any costs/assessments for the clean-up of the property for a municipal violation that is in issue will be my responsibility.
- I agree that I do not owe any delinquent or outstanding balances to the City of Wamego and I authorize the City of Wamego to transfer any outstanding balances to my current utility account.
- If applicable, I agree to allow the City of Wamego to contact my landlord if the service is terminated or disconnected to avoid damage to the property.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Processed By (City Staff) \_\_\_\_\_

### ACKNOWLEDGEMENT AND VERIFICATION OF SIGNATURES

I hereby certify that the above signature is a true and genuine signature of said applicant. Subscribed and sworn before me this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

County \_\_\_\_\_ State \_\_\_\_\_

(Seal)

\_\_\_\_\_  
Notary Signature

My Appointment Expires: \_\_\_\_\_