



RESIDENTIAL / COMMERCIAL UTILITIES APPLICATION

A set fee charge of \$57.00 and a deposit fee of \$116.00 to be included with this application. Water usage charges fee carry a minimum of 0-6 units of water for \$130.00 applied to monthly bill, and water used above 7+ units shall be added per unit price (\$5.18 per unit) Set up and deposit fee are due prior to service.

Name _____ Phone () _____

Service Address _____ Own _____ Rent _____

Billing Address _____

City _____ Zip _____

In case of emergency: Name _____ Address: _____

Phone: _____ Relationship _____

Employer _____ City _____ Phone () _____

Landlord _____ Phone () _____

Address _____

DL/ID# _____ Exp _____ Social Security# _____ - _____ - _____

Previous water service in Guadalupe (Circle yes or no) YES Address _____ NO

I understand that all utility bills are mailed on the first working day of the month and delinquent if not paid by the 20th of the month. Accounts not paid by the 20th of the month will be subject to a \$10.00 service fee.

Returned checks will be subject to a \$25.00 service charge for the first returned check and \$35.00 for each additional returned check. After two (2) returned checks you will be required to pay cash or by money order for one (1) full year. All added fees for returned checks must be paid in cash. Water will be subject to disconnection if not paid in ten (10) days of returned check notification and a \$25.00 reconnection fee will be added. Water service will not be restored until all fees charged to the account are paid in full.

Signature _____ Date _____

For office use only - Open Account:

ROUTE# _____	SEQUENCE# _____	Customer ID# _____
Open Date _____	Opening Read _____	Work Order# _____
Deposit \$ _____	Recorded Date _____	

Closing Information:

Forwarding Address _____ City _____ Zip _____

I am aware that at the time of my service being closed the City of Guadalupe has not taken the final reading of my meter and I will still be responsible for the final closing billing that will be mailed to my forwarding address and is due upon receipt. Any unpaid balance over 30 days will be forwarded to a collection agency.

Signature _____ Date _____

Close Date _____ Closing Read _____ Work Order# _____