**General Information:**

Date Service to begin: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Today’s date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Service Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Own: \_\_\_\_\_\_\_ Rent: \_\_\_\_\_\_ Landlord(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Landlord Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Landlord Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_

**Applicant One:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City Alerts Subscribe to website- city@colomesd.org

Current Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employer Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Applicant Two:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City Alert Yes: \_\_\_\_\_\_\_\_ No: \_\_\_\_\_\_\_\_

Current Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employer Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_ Phone number: \_\_\_\_\_\_\_\_\_\_\_\_

**Set up on ACH:** Yes\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please read and initial the following statements**

\_\_\_\_\_\_\_ I understand that I must pay my deposit ($100.00) in full before services will be put in my name. This deposit is not waived for anyone and must be paid in full at the time of application. This deposit is valid for each utility account.

\_\_\_\_\_\_\_ I understand that if my services are shut off for nonpayment, a $50.00 disconnect fee will be applied to my account. Payment must be made by 3:30 for service to be reinstated the same day. Payments made after 3:30 pm may result in service remaining shut off until the next business day. I am responsible for past due payment and the disconnect fee before the account will be reinstated.

\_\_\_\_\_\_\_ I understand that failure to receive the bill or notice shall not prevent such bill from becoming delinquent nor relieve the customer from responsibility for payment. Payment is due on the 10th of each month. Late fees are assessed on the 11th of each month. Services will be disconnected on the 25th each month for nonpayment.

\_\_\_\_\_\_\_ I understand that I am responsible for any water leaks/breaks and line maintenance at the curb stop to the residence. (If you rent, it is your responsibility to notify your landlord of any problems.)

\_\_\_\_\_\_\_ I understand that I am responsible for all usage until the final paperwork is filled out by me and a date has been set for a final meter reading.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Print: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Applicant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Print: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Applicant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| ***FOR OFFICE USE ONLY:*** |
| ACCOUNT #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | STATUS: ON / OFF |
|   |   |   |   | ON DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|   |   |   |   |   |   |   |
| DEPOSIT RECEIVED? YES / NO | CA CK  | RECEIPT#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| PAID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |   |   |   | AMOUNT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|   |   |   |   |   |   |   |   |   |
| METER START READING: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |   |   |   |   |   |
|   |   |   |   | APPROVED & COMPLETED BY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| ACCOUNT CREATED DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |   |   |   | FINANCE OFFICER |
|   |   |   |   |   |   |   |   |   |
| **ACCOUNT CLOSING** |
| FINAL READING: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |   | DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_ |   |
|   |   |   |   |   |   |   |   |   |
| DEPOSIT REFUNDED? YES / NO | DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_ |   |
| CHECK #: \_\_\_\_\_\_\_\_\_\_\_\_\_ |   |   |   |   |   |   |

\*\*\*The City of Colome is an equal opportunity provider and employer. \*\*\*