



## UTILITY SERVICE APPLICATION

Date: \_\_\_\_\_ Account #: \_\_\_\_\_ Effective Date of Service: \_\_\_\_\_

• Customer Deposit \$250.00

• Receipt #: \_\_\_\_\_

Check  \_\_\_\_\_ Cash  PayGov

### 1. Personal Information

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

Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

Number of People in Household: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Names of Other Household Members: \_\_\_\_\_

Mailing address: \_\_\_\_\_

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

E-mail: \_\_\_\_\_

Do you own this property? Yes  No

### If Renting, Provide:

Name of Property Owner: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

Owner's Phone #: \_\_\_\_\_

### 2. Terms & Conditions

I, the undersigned, understand and agree to the following:

- a) Utility bills will be mailed on the 1st of the month and are due by the 15th. If you do not receive a bill by the 5<sup>th</sup> of the month, please call our office.
- b) Any check used as payment of my account with the Town of Kirklin that is returned for NON-SUFFICIENT funds will be treated as NON-PAYMENT. After two (2) NON-SUFFICIENT checks are received; cash, money order, or credit card will be required.
- c) When an account becomes PAST-DUE, a delinquent letter with the disconnected date and the delinquent amount to me. If renting, a copy will also be mailed to your landlord.
- d) If the payment is not made by the shutoff date, full account balance plus a reconnect fee of \$50.00 will be assessed prior to service reinstatement. Service reconnection during business hours only.
- e) Any past-due bills owed by me, my spouse, or household members must be paid in full before new service is initiated at the above service address. If, after service has commenced, it's determined that such bills exist, service will be immediately discontinued until they are fully paid.
- f) The \$250.00 deposit will be applied to my final bill. Any remaining balance will be refunded if the account is in good standing.
- g) If I move, I must notify the utility office and provide a forwarding address.
- h) If legal action is needed to collect a debt, I agree to cover all associated costs and attorney fees.

**I CERTIFY THAT THE INFORMATION PROVIDED IS ACCURATE TO THE BEST OF MY KNOWLEDGE.**

Signature of Applicant: \_\_\_\_\_

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

## AUTHORIZATION

The Town of Kirklín uses an alert notification system to keep our residents informed of important situations taking place in town. This notification system is free to you as a town resident. You can register online at our town website, [kirklínindiana.org](http://kirklínindiana.org) or notify us if you would like to receive alerts and we will sign you up. Notifications can be received via text or e-mail, and you have the option to sign up for both. Additionally, we can register multiple phone numbers or email addresses if you would like your family members to receive notifications as well.

Thank you!

Name \_\_\_\_\_ Phone # or e-mail address \_\_\_\_\_

Name \_\_\_\_\_ Phone # or e-mail address \_\_\_\_\_

Name \_\_\_\_\_ Phone # or e-mail address \_\_\_\_\_

Name \_\_\_\_\_ Phone # or e-mail address \_\_\_\_\_

**YOU ONLY NEED TO SIGN BELOW IF YOU WOULD LIKE TO OPT-OUT OF RECEIVING ANY TYPE OF NOTIFICATIONS.**

I acknowledge that I have chosen to opt out of the notifications system offered and will not receive text or e-mail notifications from the Town of Kirklín.

Signature: \_\_\_\_\_

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

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