

TOWN OF KIRKLIN

Utility Service Application

Receipt # _____

Customer Deposit \$125.00 _____

Date:	Account #:	Effective Date of Service:
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PERSONAL INFORMATION:

NAME:	EMAIL:	
WATER SERVICE ADDRESS:	# OF PEOPLE IN HOUSEHOLD:	
MAILING ADDRESS:	FIRST AND LAST NAME OF OTHERS LIVING IN THE HOUSEHOLD:	
APPLICANT DRIVERS LICENSE # APPLICANT SOCIAL SECURITY #		
I OWN THIS PROPERTY (CIRCLE ONE): YES NO	HOME PH #:	CELL #:

IF RENTING, PROVIDE:

NAME OF DEEDED OWNER:	PHONE #:
ADDRESS OF DEEDED OWNER:	

I, THE UNDERSIGNED, DO UNDERSTAND AND AGREE THAT:

- UTILITY BILLS WILL BE MAILED THE 1ST OF THE MONTH & ARE PAYABLE BY THE 15TH. IF YOU DO NOT RECEIVE A BILL BY THE 5TH OF THE MONTH, PLEASE CALL OUR OFFICE.
- 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.
- WHEN AN ACCOUNT BECOMES PAST-DUE, A DELINQUENT LETTER WITH THE DISCONNECT DATE AND THE DELINQUENT AMOUNT DUE WILL BE MAILED TO ME. IF RENTING, A COPY WILL ALSO BE MAILED TO YOUR LANDLORD.
- IF PAYMENT IS NOT RECEIVED BY THE SHUTOFF DATE, FULL PAYMENT PLUS A \$20.00 DURING WORKING HOURS OR A \$50.00 AFTER HOURS SERVICE CHARGE WILL BE ASSESSED BEFORE SERVICE IS REINSTATED.
- IF I, MY SPOUSE, OR ANY MEMBER OF MY HOUSEHOLD OWES ANY PAST DUE UTILITY BILLS, ALL OF THESE BILLS MUST BE PAID IN FULL BEFORE ANY SERVICE IS PROVIDED AT THE ABOVE SERVICE ADDRESS, AND THAT IF, AFTER THIS SERVICE IS PROVIDED, IT IS FOUND THAT SUCH BILLS DO EXIST, SERVICE WILL BE IMMEDIATELY DISCONTINUED UNTIL PAYMENT OF SUCH IS MADE IN FULL
- THAT MY UTILITY DEPOSIT IN THE AMOUNT OF \$125.00 WILL BE APPLIED TO MY FINAL BILL AND ANY REMAINDER WILL BE RETURNED TO ME WHEN SERVICE IS TERMINATED, PROVIDING THE ACCOUNT IS IN GOOD STANDING
- WHEN I AM READY TO MOVE FROM THIS LOCATION, I WILL NOTIFY THE UTILITY OFFICE IMMEDIATELY AND GIVE MY NEW ADDRESS.
- IN THE EVENT COLLECTION ACTION BY THE TOWN OF KIRKLIN IS NECESSARY, I AGREE TO PAY ALL COSTS, EXPENSES AND ATTORNEY FEES RESULTING FROM SUCH ACTION.

I CERTIFY THAT THE FOREGOING INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

Signature of Applicant: _____

Date: _____

AUTHORIZATION

The Town of Kirclin 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 sign up online at the town website **kirclinindiana.org**, or we are happy to sign you up. Notifications are available by text, email, or you can sign up to receive both. We are happy to sign up multiple phone numbers or email addresses if you have family members who would like notifications as well.

Thank you!

Name _____ Phone # or email address _____

Name _____ Phone # or email address _____

Name _____ Phone # or email address _____

Name _____ Phone# or email 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 notification system offered and will not receive text or email notifications from the Town of Kirclin.

Signature _____

Date _____

Printed Name _____