

## CITY OF MADISONVILLE UTILITY SERVICE AGREEMENT

## WATER SEWER GARBAGE

Date

| 1. | 1. Tagree to pay for available utility services furnished by the Cit  | y of Madisonville at the requested location(s),<br>at the rates established by |  |  |
|----|---|--|--|--|
|    | the City Council of the City of Madisonville.   |  |  |  |
| 2. | 2. I agree to pay for all utility services delivered by the City to the notice to discontinue service.  | e described location until I give the City written                             |  |  |
| 3. | I agree that the described location will be used for single/ multi-family residential or business purposes only and the utility services will be used only by the occupants of the described location.  |  |  |  |
| 4. | I agree to permit the City to discontinue water, sewer and /or garbage service to the described location where receive City Utility services if I fail to pay for the utility services provide to me by the City. Further, I agree that the City may refuse service at a new location if I am delinquent on any utility accounts with the City.   |  |  |  |
| 5. | I agree to abide by and consider as part of the contract any ordinance, rule and regulation that the city adopts concerning utility service. I agree to keep all plumbing and plumbing fixtures at the described location in repail agree to promptly stop leaks.   |  |  |  |
| 6. | I grant the City the right to access the meters whenever necessary. I acknowledge that the meters, antennas, and utility boxes are the property of the City and that only City Utility employees can adjust or repair the equipment. I understand that if I, or any member of the household, turn the meter on or off, the action is considered meter tampering which is a citation for a fine for five hundred (500) dollars. I also understand that there is damage to the water meter, antennae, or box, I am responsible for repair and/or replacement costs. |  |  |  |
| 7. | I understand that the Poly Carts are the property of Waste Connections (City's vendor for solid waste collection and are provided for the use of the resident(s) at the address assigned. Charges for damage or removal of the containers will be assessed to the utility bill. I understand that I am responsible for the poly cart(s) assigned to the above address.  |  |  |  |
| 8. | 8. If there is a dispute concerning billing, I acknowledge that I had Manager at 210 W Cottonwood, Madisonville, Texas 77864.   | -  |  |  |
|    | Printed Name Sign   | ature  |  |  |

## CITY OF MADISONVILLE RESIDENTIAL UTILITY SERVICE APPLICATION FAX 936-348-3815 LISA.FLORES@CI.MADISONVILLE.TX.US

## **SERVICE FEE INFORMATION**

| Residential Renters Or Activation Fee: \$30   | nly: \$ 100 Deposit           |                    | Account Number:  Date: |                 |                |  |
|---|-------------------------------|--------------------|------------------------|-----------------|----------------|--|
| FILL IN ALL INFORMAT                          | ΓΙΟΝ BELOW:                   |                    |                        |                 |                |  |
| E-Mail Address:                               |                               |                    |                        |                 |                |  |
| ACCOUNT HOLDER: _                             | Lead Name                     |                    | 0.01.1.11              | (AA-:-II)       |                |  |
|   | Last Name                     | First              | Middle                 | (Maiden)        |                |  |
| Driver's License/ID:                          |                               | Social Security: _ | Social Security:       |                 | Date of Birth: |  |
| Employer:                                     |                               | Home/Cell:         |                        | Work Phone:     |                |  |
| LOCATION OF SERVIC                            | E:                            |                    |                        |                 |                |  |
| Own: Rent: _                                  | l:                            | Address:           |                        |                 |                |  |
| MAIL UTILITY BILL TO                          | :                             |                    |                        |                 |                |  |
|   | Street                        |                    | City                   | State           | Zip Code       |  |
| SPOUSE / ROOMMAT                              | E INFORMATION:                | First              |                        | Middle (Maiden) |                |  |
| Driver's License                              | Priver's License: Social Secu |                    |                        | ,               | ,              |  |
| Present employer:                             |                               |                    |                        |                 |                |  |
| HAVE YOU EVER HAD                             | UTILITY SERVICE WIT           | H THE CITY OF MA   | DISONVILLE?            |                 |                |  |
| IF SO, WHEN AND AT                            | WHAT ADDRESS?                 |                    |                        |                 |                |  |
| NEAREST RELATIVE (N                           | lot Living with you): _       |                    | Add                    | ress:           |                |  |
| I understand that I am is started. I am reque | •                             | •                  |                        | • .             |                |  |