



RESIDENTIAL / COMMERCIAL UTILITIES APPLICATION

A set fee charge of \$68.00 and a deposit fee of \$136.00 to be included with this application.

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
 EMAIL: _____

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% or \$10.00 fee, whichever is more.

Shut-off notices are mailed on the 21st of the month and are due in 15 days. Should water service be disconnected for nonpayment a \$50.00 late fee and a \$25.00 reconnection fee will be required before service is reinstated.

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# _____