

**Service Information**

**DATE OF SERVICE TO BEGIN:** \_\_\_\_\_ (no Saturday/Sunday)

Service Address: \_\_\_\_\_ City, State, & Zip: \_\_\_\_\_

Billing Options (please choose one):      Emailed Copy (electronically)      Hard Copy (mailed)

Own or Rent? (please choose one):      Own      Rent (if selected, please fill out next two lines)

Landlord Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, & Zip: \_\_\_\_\_

**Customer Information**

Billing Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City, State, & Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

SS#: \_\_\_\_\_ Driver's License #: \_\_\_\_\_ DL State: \_\_\_\_\_

*(or business TIN)*

Previous Address: \_\_\_\_\_ City, State, & Zip: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employment Address: \_\_\_\_\_ City, State, & Zip: \_\_\_\_\_

**2<sup>nd</sup> Customer Information**

*If you would like a second person on the bill, please complete the next section.*

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Relation: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

SS#: \_\_\_\_\_ Driver's License #: \_\_\_\_\_ DL State: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employment Address: \_\_\_\_\_ City, State, & Zip: \_\_\_\_\_

**Service Requirements**

- The undersigned is hereby contracting for water service with the City of De Soto and understands that persons, firms, or corporations having connection with the City's water and sewer system shall pay monthly usage and service charges. Sanitation charges are billed monthly on the water bill. All billings are due before the date indicated on each billing to avoid penalties.
- The undersigned agrees to claim no damage due to the stoppage of the flow of water resulting from accident or when stoppage is necessary to make alterations, repairs or improvements. The undersigned shall keep all plumbing fixtures on applicant's premises in good repair, shall promptly stop all leaks from such plumbing fixtures, and shall conserve water in time of water shortage.
- The undersigned agrees to abide by the cross-connection ordinance.
- The undersigned agrees that if bills or charges remain delinquent on the last day of the month which includes the due date, water service will be terminated. The following provisions will be applied as part of this contract.
  - That a 10% penalty will be assessed on any amount that is not paid on or before the date indicated on the bill.
  - That service interruption notices will be sent out by regular mail.
  - That upon non-payment of the water bill by the interruption date, water service will be disconnected with a \$50 reconnect fee.
  - That water service will be reconnected upon full payment of the water bill and service charges.

All returned checks, which were applied to water accounts will result in disconnection of service if not paid in cash within the allotted time after notification. A \$25 returned check charge will also be assessed. Failure to pay final bill in full after 90 days of delinquency will result in customer paying a 20% collection fee.

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

Submit application and **copy of driver's license or picture ID** to either email below or in person at City Hall:

[nsteele@desotoks.us](mailto:nsteele@desotoks.us) or [ecarrillo@desotoks.us](mailto:ecarrillo@desotoks.us)