

APPLICATION FOR UTILITY SERVICE

Name: _____ Account No: _____

Business Contact: _____ Bus. Ph. No: _____

Physical Add: _____ Phone No: _____

Mailing Add: _____ D.L. No: _____

SANITATION	Resident – 1	Senior Citizen – 2	Business – 3
SEWER	Yes _____	No _____	# of Gallons _____
BULK WATER	Yes _____	No _____	IN City Limits _____
DEPOSITS	Owner _____	Renter _____	OUT of City Limits _____

WATER DEPOSIT _____ DATE _____ READ: _____

GAS DEPOSIT _____ DATE _____ READ: _____

****Deposit is to be refunded to _____**

Deposits will be applied to the final bill with the balance refunded to customer, if any. To reconnect after shutoff, customer must pay any past due balance, plus reconnection fee of \$25.00 and an additional \$150.00 deposit for Water Service and a reconnection fee of \$75.00 plus an additional \$200.00 deposit for Gas Service. Bills are due on the 15th, a penalty of 10% will be applied after the 15th, and service will be pulled for nonpayment if not paid by the last day of the month. As a consideration for utility service, I/We acknowledge the requirements of Ordinances 705.060-705.150, 715.010-715.300, 720.010-720.080 and 725.010-725.110 and agree to be bound thereby. ***Further, by signing this application the Applicant affirms that he/she was provided with information concerning gas safety: "What Everyone Should Know About Natural Gas Safety."***

Applicant

Accepted by: _____

Spouse

It is the City's responsibility to maintain all gas piping up to the meter and gas outlet to downstream piping. It is the responsibility **OF THE CUSTOMER** to maintain any and all gas piping from the meter outlet and all downstream piping and any gas appliances.

UNDERGROUND UTILITIES EXIST EVERYWHERE. CALL BEFORE YOU DIG! 1-800-DIG-RITE or 811.

Natural gas is NOT poisonous. It does NOT contain carbon monoxide. However, when burning gas or fuel, carbon monoxide can be produced by lack of air, improperly working appliances or poor flue conditions. Natural gas is **odorless**, we put a chemical in to give it a scent, a strong scent. You can detect even the slightest amount if it escapes. It will smell like **Rotten Eggs**. **IF YOU EVER DETECT FAINT WHIFFS OF THIS ODOR, INVESTIGATE! TO REPORT ANY GAS EMERGENCIES, PLEASE CALL 417-472-6556 DURING CITY WORKING HOURS, MONDAY – FRIDAY 8 am to 5 pm, OR 417-472-3535 ANY TIME.**

CITY OF GRANBY
UTILITY USER AGREEMENT

MEMORANDUM OF UNDERSTANDING

Date: _____

SERVICES:

Owner:

Water Deposit \$ 150.00 _____

Gas Deposit \$ 100.00 _____

Renter:

Water Deposit \$ 150.00 _____

Gas Deposit \$ 250.00 _____

BILLS ARE DUE UPON RECIEPT!

LATE FEES will be assessed if the bill is **NOT** paid **BEFORE** the 15th of every month.
SERVICES will be **SHUT OFF** if the bill is **NOT** paid **BEFORE** the 1st of the following month.

Once services ARE Shut Off Administrative Fees/ Additional Deposits and the Past Due amount(s) must be paid BEFORE utilities services can be restored.

Fees:

Water Administrative Fee (**non-refundable**) \$ 25.00 _____

Additional Water Deposit (**required by ordinance on 2nd SHUT OFF**) \$ 150.00 _____

Gas Administrative Fee (**non-refundable**) \$ 75.00 _____

Additional Gas Deposit (**required by ordinance on 2nd SHUT OFF**) \$ 200.00 _____

***** Additional Water/ Gas Deposits will be HELD until service is Disconnected *****
Deposits will be applied to final bill and then refunded to the costumer

UTILITY CUSTOMERS WILL NOT SUPPLY SERVICE TO ANOTHER FROM THEIR SUPPLY SOURCE.

I, _____, have read the above requirements to obtain and use the CITY OF GRANBY utility services. I understand that if these requirements are **NOT** fulfilled then utility services may be **SHUT OFF** and no longer available to me.

Date: _____

Sign: _____

Print: _____