

ACCOUNT NUMBER: _____

CLERK: _____

TOWN OF SPRING HOPE

UTILITY SERVICE AGREEMENT

TODAY'S Date: _____

Date to ACTIVATE Service: _____

NAME OF APPLICANT: _____

Date of Birth: _____ Social Security #: ____ - ____ - _____ Driver License #/ID: _____

PHONE #: Home: _____ Work: _____ Cell: _____

E-MAIL Address: _____

EMPLOYER's Name: _____

Employer's PHONE: _____

Employer's ADDRESS: _____

NAME OF CO-APPLICANT: _____

Date of Birth: _____ Social Security #: ____ - ____ - _____ Driver License #/ID: _____

PHONE #: Home: _____ Work: _____ Cell: _____

E-MAIL Address: _____

EMPLOYER's Name: _____

Employer's PHONE: _____

Employer's ADDRESS: _____

SERVICE ADDRESS: _____

OWN _____ RENT _____

Landlord's Name: _____

How many people live in your house? _____

Is this a new business account? If yes, have you obtained zoning approval from the Town Manager?

Have you, your spouse or household member ever lived in Spring Hope or had a Spring Hope water account before? Yes No

BILLING ADDRESS: _____

REFERENCE: _____

Address: _____

Phone: _____ RELATIONSHIP: _____

***Are you interested in having your bill payment automatically DRAFTED from your bank account each month? YES NO**

(NOTE: Bank drafts are drawn on the 15th of each month. If you opt to have your monthly bill electronically drafted from your bank account, we will WAIVE the \$75.00 CONNECTION FEE today.)

NOTE: If YES, a completed, signed Bank Draft Authorization form is required to activate this free service.

To induce the Town of Spring Hope to accept this service application and provide requested utilities, Customer hereby agrees to comply with all town rules and regulations and to promptly pay for all utility services received.

**Applicant Signature: _____ Date: _____

**Co-Applicant Signature: _____ Date: _____

ACCOUNT NUMBER: _____

CLERK: _____

FOR OFFICE USE ONLY:

UTILITIES APPLIED FOR: WA GA SW CI

FEES:

WATER: DEPOSIT \$ 250.00 (Refundable)
CONNECTION FEE \$ 75.00 (Non-Refundable)

Voided Check Provided by Customer: Y N
Homeowner/ Deposit Waived: Y N
Connection Fee Waived: Y N
Zoning Permit if required: Y N

TOTAL DUE: \$ _____

TOTAL AMOUNT PAID: \$ _____ Date PAID: _____ Paid by: Cash MC VISA Check # _____

FOR OFFICE USE ONLY

1. ___ Utility Service Agreement completed
2. ___ Copy of Driver's License
3. ___ Social Security # Verified
4. Deposit: ___ PAID ___ WAIVED
5. Connection Fee: ___ PAID ___ WAIVED
6. Bank Draft? ___ Yes ___ No
7. ___ Bank Draft Authorization received
8. ___ Rates/Info sheet given to customer
9. ___ Resident's Guide given to customer
10. ___ Added to PHONE TREE
11. ___ Water turned ON
12. ___ Bank Draft Info added to account
13. ___ Scanned to computer
14. ___ Attached to account

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