



**APPLICATION FOR  
CITY OF PRESCOTT  
UTILITY SERVICE**

FOR OFFICE USE ONLY	
METER READING	ON DATE
ACCOUNT NUMBER	

Applicant \_\_\_\_\_  
 LAST FIRST MIDDLE

Applicant \_\_\_\_\_  
 LAST FIRST MIDDLE

BUSINESS NAME: \_\_\_\_\_  
 (if different from above)

Service Address: \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Zip Code \_\_\_\_\_  
 (if different than service address)

Name of Landlord: \_\_\_\_\_ Landlord Phone #: \_\_\_\_\_

Date Service to Begin: \_\_\_\_\_

Type of Service: Single Family Residence: \_\_\_\_\_ Multi-Family Residence: \_\_\_\_\_ # of units: \_\_\_\_\_

Business \_\_\_\_\_ Type of Business: \_\_\_\_\_

Employer: \_\_\_\_\_  
 Name Address

Emergency Contact: \_\_\_\_\_  
 Name Phone/Address

***This is a contract, please read carefully.*** The undersigned, referred to as Applicant, hereby agrees to pay all costs of fees and/or properties due under this agreement including, but not limited to, attorney's fees and court costs set by the court, sitting without a jury. If applicant changes service address or adds an additional service address, they will be bound by this application. The Applicant further agrees to be governed by the Ordinances pertaining to water, sewer and sanitation services provided by the City of Prescott. The Applicant agrees as follows:

1. A deposit in the amount of (see below) \_\_\_\_\_ or a letter of credit is tendered herewith. This deposit is applied to Customer's account after twelve months of acceptable credit.  
 \$125.00 for residential consumer  
 \$150.00 for Multi-Family (2 through 5 units)  
 \$200.00 for Multi-Family (over 5 units)  
 For nonresidential, minimum of \$125.00 (calculated on an individual basis to cover at least two (2) months estimated bills)
2. A non-refundable service fee of \$27.32 for the City's technical and administrative services in providing the initial service to the Applicant.
3. Water, sewer, and sanitation bills will be computed in accordance with the City's authorized rate schedules, subject to modification by City Council.
4. At such time as Applicant desires to terminate service with the City, not less than one (1) business day notice must be given. A confirmation number will be given on all termination requests made telephonically. Receipt of notice of termination is when it is received at City Hall. An accurate forwarding address must be given to the City for the purpose of submitting a final billing and any remaining amount returned to the Applicant at the forwarding address. Applicant will be responsible for all charges until the City is notified to terminate service.
5. Duly authorized agents of the City shall have access at all reasonable hours to the premises for the purpose of reading or testing meters. It is the applicant's responsibility, at all times, to keep the meter unobstructed and accessible (including, but not limited to, vehicles, vegetation, fencing, and debris). After notice, a penalty of \$25.00 will be assessed for each 30-day period the violation remains in effect.
6. Bills are due when rendered and shall be delinquent after 30 days, and if not paid within that time, 1.5% interest per month will be added to the outstanding balance, and service may be disconnected by the City. Water service will be restored when the account, including interest and a service fee of \$50.00 plus tax, is paid in full. Failure to receive bills or notices shall not prevent such bills from becoming delinquent nor relieve the Applicant of his/her obligations.

APPLICANT SIGNATURE \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Last 4 digits of SSN \_\_\_\_\_  
(will be used to verify customer only)

Driver's License/ID# \_\_\_\_\_ State: \_\_\_\_\_ Expiration: \_\_\_\_\_  
**Include a copy of your Driver's License or Photo ID if mailing or faxing. Application will not be processed without a copy of your ID.**

Phone number: Home \_\_\_\_\_ Work \_\_\_\_\_

E-mail address: \_\_\_\_\_

APPLICANT SIGNATURE \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Last 4 digits of SSN \_\_\_\_\_  
(will be used to verify customer only)

Driver's License/ID# \_\_\_\_\_ State: \_\_\_\_\_ Expiration: \_\_\_\_\_  
**Include a copy of your Driver's License or Photo ID if mailing or faxing. Application will not be processed without a copy of your ID.**

Phone number: Home \_\_\_\_\_ Work \_\_\_\_\_

**ATTORNEY & COLLECTION FEE PROVISIONS FOR APPLICATIONS**

**COST OF COLLECTION:** Applicant agrees to pay any and all costs of collection, including but not limited to, reasonable attorney fees and collection service fees, incurred by the City of Prescott or expended by the City of Prescott Legal Department to collect any delinquent account billings of applicant.

**CORPORATE OFFICER PERSONAL GUARANTY:** Undersigned agrees to be personally responsible for all utility billings of applicant together with any and all costs of collection, including but not limited to, reasonable attorney fees and collection service fees, incurred by the City of Prescott or expended by the City of Prescott Legal Department to collect any delinquent account billings of applicant.

\_\_\_\_\_  
Date Signature of Officer Title Signature of Spouse

\_\_\_\_\_  
Date Signature of Officer Title Signature of Spouse

\_\_\_\_\_  
Date Signature of Officer Title Signature of Spouse