



Date to begin services: ____/____/____

OFFICAL USE ONLY:	
Entered By:	_____
Date Services Terminated:	____/____/____
Date Account Balanced	____/____/____
Checked:	_____
Balanced Owed:	_____

HAS ANYONE IN THE RESIDENCE HAD PRIOR SERVICES WITH THE CITY? [] YES OR [] NO

Address Requesting Services For: _____
Number Street Name Apartment #

***Applicant Information:**

Applicant/Contact Name: First: _____ Last: _____
DOB: ____/____/____ SSN: ____/____/____
Home Phone: () _____-_____ Work Phone: () _____-_____ Cell Phone: () _____-_____
Mailing Address: _____ (Alternate needed for some apartment buildings in St. Robert)
City: _____ State: _____ Zip: _____

***Applicant Employer Information: (If U.S. Army, please provide Unit Information)**

Name: _____ Phone: () _____-_____
Address: _____ City: _____ State: _____ Zip: _____

***Co-Applicant Information:** -Your spouse is NOT presumed to be a Co-Applicant. They **MUST** be added and present an I.D. at application time.

-Co-Applicant Name: First: _____ Last: _____
DOB: ____/____/____ SSN: ____/____/____ Employer: _____
Phone: () _____-_____

Reference Information:

Name of closest relative not living at residence: _____ Phone: () _____-_____
Address: _____ City: _____ State: _____ Zip: _____

Would you like to be set up on direct pay? { } Yes { } No { } Checking { } Savings

Bank Name: _____ Account #: _____ Routing #: _____

Please check yes, if you would like your information on this application to be kept confidential: { } Yes

-WHEN you leave and terminate service, you must sign finalization form IN PERSON to receive deposit back.

Signature of Applicant: _____ Date: ____/____/____

Signature of Co-Applicant: _____ Date: ____/____/____

FOR OFFICE USE ONLY:	
Order Taken By: _____	Account Number: _____
Deposit Required? { } Yes { } No	If yes, Amount? _____ Services: EL WT SW GA TR

BELOW ARE THE TERMS AND CONDITIONS AGREED TO WHEN APPLYING FOR ANY SERVICES PROVIDED BY THE CITY OF ST ROBERT

1. Will pay the service deposit required and maintain a "good standing" with the City by paying the bill on or before the due date. In the event that "good standing" is not maintained, said City can review the deposit and establish a new one based on current policy.

In the event that the bill is not paid and a city employee is sent out to disconnect service there will be a **\$50.00** termination/reinstatement fee for residential customers and a \$100.00 termination/restatement fee for commercial customers that will have to be paid prior to reinstating the utility service. For those commercial customers with three phase or gas service a \$100.00 charge for disconnect/reconnect will be required prior to the reinstatement of utility service.

When a utility service has been terminated on two (2) separate occasions, due to nonpayment of a utility bill, the customer shall be required to post a second (2nd) Deposit, equal to the amount of the first (1st) deposit that is required prior to the City furnishing that utility service (Ord. No. 1696, July 26, 2004) _____ (Applicants Intials) _____ (Co-Applicants Intials)

2. Will comply with and be bound by the provisions of the Ordinances, and such policies, rules and regulations as presently existing or may be adopted from time to time by the Board of Alderman.
3. Do hereby agree to pay any legal or collection fees that the city may incur due to legal or collection actions at the location described in this document.
4. Will have the premises wired in accordance with wiring specifications approved by the City.
5. Extension of service to the property will be made upon the terms and conditions set forth in the City Code extension policies.
6. **If any person who will be living at this location owes the City from a previous service and the amount is not paid with a time stated by the City, this application will be revoked and service disconnected. Any debt due to the city will be paid before application for service is completed. If connection is completed and a prior debt is discovered, the debt will be paid immediately or it will be added to the accounts receivable subjecting the account to the City's normal disconnect cycle.**
7. When moving from this location, do hereby agree to provide the City a forwarding address for the final bill.
8. **If a monthly billing is not received, do agree to contact the City to inquire about the amount due. Failure to receive a bill does not waive assessment of late charges.**
9. Do hereby grant the City ingress or egress to, from, and over property to serve the above described map location and do hereby grant permission for the City to make alterations as the City deems necessary or advisable to provide electric service to the property or the other prospective member property either overhead or underground. Do hereby grant to the city ingress or egress to, from and over the property to remove and trim trees or brush to the extent necessary to keep them clear of said electric lines or systems and to cut down from time to time all dead, weak, leaning or dangerous trees that are tall enough to strike the wires in falling.
10. In the event a joint membership is dissolved either by divorce, separation, or death, all interest in the deposit is release to the person remaining at the service map location and a new application will be completed. The remaining person shall assume total ownership of the joint deposit as an individual. However, release of deposit does not release responsibility from paying any debts or collection fees on a final bill when the account is changed into the remaining person's name. In

the event of death, the remaining person assumes responsibility for any debts or legal fees on an ending balance.

11. The City is authorized to do a credit check concerning payment history from other organizations including utilities, but not limited to them.

The undersigned, jointly and individually, is applying for utilities and agrees to purchase electricity from the City of St Robert Municipal Utilities upon the terms and conditions shown on this application (front and back). It is also certified that the terms and conditions states are understood and that he/she is the duly authorized agent to execute this document on behalf of the joint applicant listed.

Applicants Signature

Date

Co-Applicants Signature

Date

Appointed Agent & Guarantor of Debtor

Date