

City of Granite Shoals
COMMERCIAL UTILITY SERVICE
APPLICATION AND AGREEMENT

PLEASE PRINT

Name of Business: _____ Date of Application: _____

Brief Description of Business: _____

Name of Responsible Party: _____

(Responsible for all decisions regarding this account)

List names of all other responsible parties:

Address: _____

Mailing Address (if different): _____

Business Phone: _____ Home Phone: _____

Email Address: _____

Is the Service Location a "Master Meter" account as defined below:

- Apartment Building or mobile home park – Number of available units/spaces _____
- Recreational vehicle park – Number of available spaces _____
- Hotel or Motel – Number of available rental rooms _____
- Hospital, School, or Church – Number of lavatories, toilets, urinals, and shower/bath _____
- Strip Center – Available business units in the center _____
- Mall or Office building – Number of fixtures connected to the water system _____
- Unoccupied New construction and/or remodeling
- Other _____ - _____

Is this address: Owner Occupied Other _____

Rental – Landlord Name & Contact Phone Number: _____

Have you or the co-applicant had service with the City of Granite Shoals before? No Yes

If yes, when? _____ At what address: _____

List the last two places you or the co- applicant had utility services.

Name service was under	Address of Service	City / State	Company Service was with	Date

AGREEMENT

The undersigned (hereinafter called the 'Consumer') hereby makes application for and agrees to take from the City of Granite Shoals the service or services covered by this application at the address given above, and agrees on or before the end of business on the tenth (10th) day of billing, each month, if billed monthly, to pay the City, at its Office, for such service furnished Consumer during the period for which said billing is rendered, according to the amount thereof as established by, and in accordance with, the standard rates of the City as from time to time established for such class of service. The City shall not be obligated under this agreement to furnish any service of a type or character not available from the existing lines or facilities of the City.

The Consumer agrees to permit the authorized agents of the City free access to premises of the Consumer for the purpose of inspections prior to the connection(s) of service of a type or character to determine that all service types comply with all applicable local, State, and Federal Building Codes.

The Consumer agrees to permit the authorized agents of the City free access to premises for the purpose of connecting, disconnecting, inspecting, testing, reading meters, repairing or removing any property of the City, and agrees not to permit anyone other than authorized agents of the City to molest or otherwise tamper with the property of the City or to remove its seals.

The City makes reasonable provisions to insure satisfactory and continuous service, but it does not guarantee continuous service, and will not be liable for loss or damage caused by accidents or conditions which it could not have foreseen or over which it has no control. The Consumer agrees that this application and agreement is subject to all City Ordinances and Regulations covering the services mentioned, and that such Ordinances and Regulations are a part of this agreement.

Consumer authorizes the City to request and retain a credit report, payment history, and/or service verification on any person or entity making application for utility service from the City. This information may be used when establishing the required deposit pursuant to Chapter 38 of the Code of Ordinances. The City shall report to credit service(s) relevant payment information on all persons or entities listed above when payment of the utility account remains delinquent for more than ninety (90) days. The City shall have the authority to report the payment history to other utility service providers. The City shall have the authority to authorize and direct the city attorney to file suit to collect amounts owed the City for utility services and charges that remain delinquent for a period of ninety (90) days or more. In the event of termination of service, deposits on the account will be applied to the final bill and the balance due, if any, will be billed to the Applicant. Likewise, refunds will be paid to the Applicant. All applicants, co-applicants and responsible adults are subject to provisions of this document. I (we) certify that the information provided in this document is true and correct to the best of my (our) knowledge.

SIGNATURES:

_____ Applicant

_____ Co-Applicant

_____ By signing my initials in the space provided, I verify I have received, read, and understand the terms and conditions of service of the City of Granite Shoals Utilities Department. I accept these terms and conditions of service if I am approved for Utilities Services.

Terms and conditions of Utilities Services are available in Chapter 38 of the Code of Ordinances located on the City website:

www.graniteshoals.org.

_____ By signing my initials in the space provided, I am requesting the City of Granite Shoals add a \$3 Voluntary Donation amount to my utility bill each month for Emergency Services including Police, Fire, and EMS. I understand it is my option to continue or discontinue this donation at any time by notifying the City in writing of my choice.

STOP - DO NOT WRITE BELOW THIS LINE – OFFICE USE ONLY

WATER SERVICE

GARBAGE ONLY

ACCOUNT NO: _____ WATER METER NO: _____ CONNECT DATE: _____

DEPOSIT AMOUNT: \$ _____ ADDITIONAL \$ _____ ADDITIONAL \$ _____

ROUTE #: _____ SEQUENCE #: _____ OTHER: _____

GARBAGE SERVICE

ACCOUNT NO: _____ # CARTS: _____ -or- CONTAINER SIZE: _____ CY/FREQUENCY: _____ x/WK

ROUTE #: _____ DEPOSIT AMOUNT(2 months svc): \$ _____

INSPECTIONS REQUIRED

CUSTOMER SERVICE INSPECTION:

AMOUNT: \$ _____ DATE: _____ COMPLIANCE: YES NO

Pre-Service Inspections: _____
Building Official Code Enforcement Fire Chief / Fire Marshall

APPROVED FOR SERVICE pending satisfactory completion of required inspections:

YES NO BY: _____

PROCESSED BY: _____ DATE: _____