

**CITY OF KERENS
METER DEPOSIT**

No _____

DATE _____

BY _____

ACCT. # _____

DEPOSIT AMT. _____

ACCT. NAME _____

TURN ON REQUEST DATE _____

SERVICE ADDRESS _____

METER READING _____

BILLING ADDRESS _____

READING DATE _____

HOME TELEPHONE _____

READ BY _____

CUSTOMER INFORMATION

PLACE OF EMPLOYMENT _____

NEXT OF KIN _____

D.L. # _____

ADDRESS _____

SSN # _____

SPOUSE _____

D.L. _____

PHONE: _____

SSN# _____

OWN/RENT - LANDLORD _____

PAYMENT AGREEMENT

BILLS ARE DUE ON THE 1st day of each month, are considered "past due" after the 10th of each month, and if not paid, service will be discontinued on the 20th.
RECONNECTION FEES ARE: \$25.00 first cut off, \$50.00 second cut off, \$100.00 thereafter.

I AGREE TO PAY THE FINAL BILL FOR CITY SERVICES UPON RECEIPT OF THE BILL. I ACCEPT FULL RESPONSIBILITY FOR THE UTILITY BILL, UNTIL I NOTIFY THE CITY OF KERENS TO DISCONTINUE SERVICE.

ADDRESS FOR FINAL BILL:

SIGNATURE