

Water Service Contract

City of Wellsville
411 Main St., P. O. Box 455
Wellsville, KS 66092
Phone: (785) 883-2296 Fax: (785) 883-4797

Customer Name _____ Date of Birth _____

Date Service to Begin _____ Email Address _____

Service Address _____

Billing Address _____

Home Phone Number _____ Driver's Lic. _____

Place of Employment _____ Work Phone _____

Spouse Name _____ Date of Birth _____

Place of Employment _____ Work Phone _____

Owner/Landlord Name _____ Phone _____

Address _____

The undersigned is hereby contracting for water service with the City of Wellsville and understand that persons, firms, or corporations having connection with the City's water and sewer system shall pay monthly usage and service charges. Sanitation charges are billed monthly on the water bill. All billings are due before the date indicated on each billing to avoid penalties.

The undersigned agrees to claim no damage due to the stoppage of the flow of water resulting from accident or when stoppage is necessary to make alterations, repairs, or improvements. The undersigned shall keep all plumbing fixtures on applicant's premises in good repair, shall promptly stop all leaks from such plumbing fixtures, and shall conserve water in time of water shortage.

The undersigned agrees that if bills or charges remain delinquent on the last day of the month, which includes the due date, water service will be terminated. The following provisions will be as part of this contract.

- a. That a 10% penalty will be assessed on any amount that is not paid on or before the date indicated on the bill.
- b. That service interruption notices will be sent out by regular mail.
- c. That upon non-payment of the water bill by the interruption date, water service will be disconnected with a \$50.00 reconnect fee.
- d. That water service will be reconnected upon full payment of the water bill and service charges.

Returned checks that were applied to water accounts will result in disconnection of service if not paid in cash within the allotted time after notification. A \$35 return check charge will be assessed. Failure to pay final bill in full after 90 days of delinquency will result in customer paying a \$300.00 collection fee.

Signature _____ Date _____