## **KOUTS - NEW UTILITY CUSTOMER**

| SERVICE ADDRESS:   |   |                                  |                      |
|--|---|----------------------------------|----------------------|
| MAILING ADDRESS:   |   |                                  |                      |
| NAME:  |   |                                  |                      |
| (First)  | (Middle Initial)  | (Middle Initial) (Last)          |                      |
|  | ()  | Date of Birth                    |                      |
| PHONE:   | /   | /                                |                      |
| (home)   | (cell)  | ,                                | -Mail address)       |
| EMPLOYER:  | Cit   | ty                               | State                |
| C0-APPLICANT:  |   |                                  |                      |
| (First)  | (Middle Initial)  | (Last)                           |                      |
|  |   | Date of Birth                    |                      |
| PHONE:   | /   | /                                |                      |
| (home)   | (cell)  | (E-Mail a                        | address)             |
| EMPLOYER:  | Cit   |                                  |                      |
| EMERGENCY CONTACT:   | (name)  | (phone)                          |                      |
|  | (name)  | (phone)                          |                      |
| DATE OF LEASE/CLOSING:   | DO YOU F  | RENT OR OWN? RENT ( )            | OWN ( ) CONTRACT ( ) |
| IF APPLICABLE, LANDLORD/OWN  | NER NAME:   |                                  |                      |
| IF APPLICABLE, LANDLORD/OWN ADDRESS:   |   | PHONE                            |                      |
| We would like to sign you up for REA<br>on things going on in town. We will u<br>May we sign you up? (Yes)<br>How would you like to receive your R                           | se your email and/or cell phone                               | # to send notices.               |                      |
| HAVE YOU EVER LIVED IN KOUT  | S BEFORE? YES ( ) NO  | ( ) Address:                     |                      |
| UTILITY PAYMENTS ARE DUE O   | N THE 20 <sup>th</sup> OF EACH MONT                           | <sup>C</sup> H                   |                      |
| Please Read and Sign Applicant   | (s)/Co-Signer/Property Owner a                                | agrees:                          |                      |
| A: to be responsible and pay for all uti<br>to the office of the Kouts Town Hall to<br>B: that the meter, furnished by the Tow<br>to the meter at all times to read, repair. | o discontinue the supply.<br>vn of Kouts, is and shall remain | the property of the town and the |                      |

C: that the town's agents shall have access to the meter, pipes, wires, and conduits at all times to ascertain that the service supplied is passing through the meter and is properly registering the same, and to stop the supply of service for non-payment of bills when due for any service furnished to the applicant/owner at the said premises, or elsewhere, or for any other lawful cause of purpose which the town may deem sufficient, and are hereby authorized to enter the premises of the applicant, at all times, for any such lawful cause or purpose, or for the purpose of disconnecting or adjusting the meter, or for the purpose of removing the meter, with connections, or any other property belonging to the town, but nothing herein contained shall mean, or be construed to mean that the town shall be required to inspect or examine, or in any way be responsible for the condition of the pipes, wires, or conduits on the applicants/owner's premises. D: Should the services of an outside agency be required for collection of the account, I agree to pay costs of collections, including but not limited to collection agency fees, attorney fees, interest, and court costs.

## A VALID DRIVER'S LICENSE/STATE ID IS REQUIRED PRIOR TO SERVICE

 Applicant Signature:
 \_\_\_\_\_\_

Co-Applicant Signature: \_\_\_\_\_ Date \_\_\_\_\_