

Utilities Application

Decatur

Account #: _____

Date Received: _____

Location #: _____

Move in date: _____

FOR UTILITY OFFICE USE ONLY

Renting _____ Buying _____ Land Contract _____

Please Print

Name: _____

DOB: ____ / ____ / ____

Service Address: _____ SSN: _____

Mailing Address: _____

Main Phone: _____ Alt Phone: _____ DL#: _____ State: _____

Employer: _____ City: _____ Zip: _____

Email: _____ Paper eBill Paper & eBill

Co-Applicant

Name: _____

DOB: ____ / ____ / ____

Employer: _____ City: _____ Zip: _____

DL# _____ State: _____ Cell Phone: _____

Landlord Information (Renting or Land Contract)

Name: _____ Phone: _____

Mailing Address: _____ City: _____ Zip: _____

Please Read & Sign

Applicant(s)/Property Owner agrees:

- a. To be responsible and pay for all utilities consumed on the above mentioned premises until the Utilities Office has been properly notified to terminate service under the account.
- b. Lessee agrees and authorizes the City to share account & billing information with the property owner.
- c. That the meter, furnished by the City, is and shall remain the property of the City and the City's agents shall have access to the meter at all times to read, repair, lock off, seal, or remove the same.
- d. That City agents shall have access to the meter 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 City 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 other property belonging to the City.

Applicant: _____

Date: _____

Co-Applicant: _____

Date: _____

Owner/Property Manager: _____

Date: _____