

City of Wofforth

Application FOR UTILITY SERVICES

Account# _____ Start Date: _____

Primary Acct Name: _____

Service Address _____

Mailing Address (if different) _____

DOB: _____ SS# _____

Driver's Lic. #: _____ State: _____

Home Phone #: _____ Cell Phone#: _____

Employer: _____ Work Phone #: _____

Email Address: _____

A current phone number is necessary to let you know information such as:

- * Water disconnection date for non-payment
- * Street paving or construction
- * Emergency Notices
- * Other City business

Circle: Print / Email / Both

Owner / Renter / Landlord

Confidential / Non-Confidential

Sprinkler System: Yes / No

*Please make sure you have filed a backflow inspection form with the city.

Optional:

Secondary Acct Name: _____

DOB: _____ SS# _____

Driver's Lic. #: _____ State: _____

Home Phone #: _____ Cell Phone#: _____

Employer: _____ Work Phone #: _____

Email Address: _____

Optional:

Emergency Contact Name: _____

Emergency Contact Phone #: _____

OVER

The City of Wolfforth is requested to furnish utility service at the above address and the undersigned agrees to pay for such services at the rate prescribed by the City of Wolfforth until such time as the undersigned gives notice to discontinue service.

Utility bills are due on the 10th of each month. There is a 10% penalty assessed after the 10th and a \$20.00 penalty after the 20th on any unpaid account. The city may discontinue service absolutely without additional notice until arrears shall be paid. Courtesy second notices are by telephone only. A charge will be made on every returned check.

I/we will abide by and consider part of this contract any ordinances, rules and regulations the city adopts concerning the City Utility Department.

I/we understand that under state law the City shall complete a customer service inspection certificate 1) prior to providing continuous water service to new construction, 2) on any existing service either when the City has reason to believe that cross-connections or other potential contaminant hazards exist, or 3) after any material improvement, correction, or addition to the private water distribution facilities

Signature: _____ Date: _____

Deposit Collected: \$100.00 cash _____ check _____ credit card (3%fee) _____

We do NOT take payments by phone. All credit and debit cards charge a 3% fee.

Payment Options:

- * Office Payments – Cash, Checks, Credit/Debit Cards & Money orders.
- * Drop box outside office- Checks & Money orders. Box is checked every morning Monday-Friday and will be processed on the day collected.
- * City online payment system with credit cards using account number and pin number on your bill. You can also set up a credit card draft here, change account information and print bills.
- * Mail in payments will be processed by the date of arrival.
- * Payments made through your banks online payment system will send a paper check in the mail. These will be treated as mail payments processed by the date of arrival.
- * Draft payments though the City Of Wolfforth will be drafted on or before the 10th of every month. You will still receive your paper bill with the draft date located at the bottom.

MONTHLY BANK DRAFT PAYMENT FOR UTILITY SERVICES

Account Name: _____

Service Address: _____

Bank Name: _____

Routing#: _____

Account#: _____

I hereby authorize the City of Wolfforth to draw on my account at the above bank each month for utility services as per bill rendered at the above address or any subsequent address.

Signature: _____ Date: _____