

CITY OF WEATHERFORD COMMERCIAL UTILITY SERVICE CONTRACT

BUSINESS NAME _____ TELEPHONE # _____

SERVICE ADDRESS _____

MAILING ADDRESS _____ CITY _____ STATE _____

OWNER/MANAGER NAME _____

MAILING ADDRESS _____ CITY _____ STATE _____

TELEPHONE # DAY _____ NIGHT _____ OTHER _____

DRIVERS LICENSE NUMBER AND STATE _____

NAME OF LANDLORD (if applicable) _____ TELEPHONE # _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

IN CASE OF EMERGENCY:

NAME _____ RELATIONSHIP TO YOU _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

TELEPHONE #'S DAY _____ NIGHT _____ OTHER _____

We offer automated bank draft service. We will waive your deposit if you sign up for automatic bank draft. Would you like to have your bill automatically deducted from your bank account? _____ YES _____ NO (You will still receive a copy of your bill.)

We also offer e-billing and e-payment from our web-site, www.cityofweatherford.com

I understand that the full amount of the bill for the City of Weatherford's Utility Service is due and payable on the due date printed on the utility bill. I also understand that if the bill is not paid by the due date a penalty of Ten Percent (10%) of the past due balance will be added to my bill. I understand that if the City of Weatherford is forced to disconnect service as a result of Non-Payment, I will be charged a twenty dollar (\$20.00) reconnect fee. I understand that Utility service will not be restored until I have made payment arrangements or paid the past due amount and reconnect fee. I understand that all utility rates are set by the City Commission and I will abide by this contract for the City to provide utility service as defined in the Weatherford Municipal Code of Ordinances.

Applicant's Signature _____ Date _____

City Representative's Signature _____ Date _____

NOTARY PUBLIC NAME _____

COMMISSION NUMBER _____ EXPIRATION DATE _____ (SEAL)