

Utility Service Request

New Service / Reconnect



Date

Date of Service

I PERSONALLY ACCEPT FINANCIAL RESPONSIBILITY FOR THIS ACCOUNT AND GIVE MY PERMISSION FOR CLARKSTON TOWN TO a) RUN A CREDIT REPORT b) TO ENTER MY PROPERTY c) READ THE METERS. DELINQUENT ACCOUNTS WILL RESULT IN SERVICE CHARGES AS ESTABLISHED BY THE TOWN COUNCIL AND INTEREST CHARGES OF 1.5% PER MONTH FROM THE DUE DATE UNTIL PAID. CLARKSTON TOWN WILL DISCONTINUE MY WATER SERVICE IF I FAIL TO PAY FOR THE WATER FURNISHED TO MY PROPERTY BY THE DUE DATE ON MY BILL. IF DISCONNECTED FOR NONPAYMENT, I ALSO UNDERSTAND A \$100.00 TERMINATION FEE WILL BE CHARGED FOR RECONNECTION WHICH IS SUBJECT TO CHANGE BY THE TOWN COUNCIL. I AGREE TO PAY CLARKSTON TOWN'S COSTS AND ATTORNEY'S FEES FOR COLLECTING MY ACCOUNT.

SIGNATURE

SIGNATURE

CUSTOMER INFORMATION - OFFICE ONLY		SERVICES REQUESTED	
ACCOUNT NUMBER			
CUSTOMER I.D.	LOCATION I.D.		
OWNER ☐	RENTER ☐		
PREVIOUS CLARKSTON UTILITY CUSTOMER			
YES ☐	NO ☐		
		☐ 60 GALLON	☐ 90 GALLON
CUSTOMER INFORMATION (print only)		ACCOUNT SET UP FEE	\$25.00

SERVICE STREET ADDRESS

MAILING ADDRESS

MAILING CITY, STATE & ZIP

CUSTOMER NAME(last name first)

BIRTH DATE

PHONE NUMBER

EMPLOYER

EMPLOYER ADDRESS

EMPLOYER PHONE NUMBER

*ADDITIONAL CUSTOMER

BIRTH DATE

PHONE NUMBER

EMPLOYER

EMPLOYER'S ADDRESS

EMPLOYER'S PHONE NUMBER

LANDLORD/OWNER

WILL THIS HOME BE A RENTAL

☐ YES

☐ NO

IF MARKED YES THEN BY SIGNING THIS I AM AWARE THAT I AM RESPONSIBLE TO PAY ALL UTILITY BILL CHARGES, IF RENTERS FAIL TO PAY.

SIGNATURE

*AN ADDITIONAL CUSTOMER MUST BE ADDED IF ANY CHANGES ARE TO BE MADE TO THE UTILITY ACCOUNT BY SOMEONE OTHER THEN THE CUSTOMER BOTH MUST SIGN AT THE TOP OF THIS FORM