



KEOKUK MUNICIPAL WATERWORKS

Account: _____ Date _____

Location No. _____ Service No. _____

CONTRACT FOR SERVICE

The undersigned hereby makes application to the **BOARD OF TRUSTEES OF THE KEOKUK MUNICIPAL WATERWORKS** for service on the premises described below. Applicant agrees to pay for such service as bills are rendered, at the rates, and according to the Rules and Regulations established or to be hereafter established by the Board, and to observe said rules in the use of such service at all times.

Every person or consumer must sign a written application and make a deposit of such amount as is determined by the Board before a meter is installed or used. The deposit will be returned upon discontinuance of service, provided all bills have been paid.

It is understood and agreed that the Board shall not be liable or held responsible by the reason of the breaking of any service pipe or apparatus, water coil, or failure in the supply of water due to accidents, break-downs or other causes. Applicant warrants that the services applied for are to be used by said applicant only, and a breach of this warranty will authorize the Board to discontinue such service without notice.

CHANGING LOCATION OF METERS

The location of any water meter shall in no case be changed without permission being obtained from the Waterworks Manager, and in no case shall water be used without a meter. The meter must be accessible to Waterworks service personnel at all times. No meter is to be located where there is a likelihood of the meter being damaged by freezing. All piping must be arranged so that the meter will be in a horizontal position when set. Any meter problems should be reported to the Waterworks. The Keokuk Municipal Waterworks may seek legal action against any person who has violated any of the rules and regulations.

***** ID REQUIRED, PLEASE ATTACH*****

ADDRESS: _____

BILLING ADDRESS: _____

SIGNATURE: _____

EMAIL: _____ E-Bill Yes No

DATE OF POSSESSION _____ RENTING BUYING

OWNER _____ OWNERS PHONE # _____

AUTOMATIC WITHDRAWAL Yes No If "no", please call 319-524-5285

CUSTOMER IDENTIFICATION INFORMATION

NAME OF LEASEE & OCCUPANTS OVER 18

NAME _____ DATE OF BIRTH _____ PHONE _____

EMPLOYER _____ SOCIAL SECURITY NO _____

NAME _____ DATE OF BIRTH _____ PHONE _____

EMPLOYER _____ SOCIAL SECURITY NO _____

FOR OFFICE USE ONLY

WATER DEPOSIT _____ SEWER DEPOSIT _____ SERVICE CHARGE _____ DEP. # _____

DATE PAID OR WAIVED _____ CASH _____ CHECK NO. _____

*****ID IS REQUIRED, PLEASE ATTACH*****