CITY OF WALKER APPLICATION FOR UTILITY SERVICES – Residential Customer

Name: (Last)		(First)		(Middle)
		(First)		(Middle)
Spouse's Name:	(Last)	(First)		(Middle)
Service Address:		City:		Zip:
Mailing Address (if diffe	erent):	·		
Previous ServiceAddress				
Phone Numbers:	(Hm)	(Cell)		(Wk)
Driver's License #:		Email:		
Employer:	(Ph)	Spouse's Emplo	oyer:	(Ph)
Nearest Living Relatives	:(1)	(Ph))	
(2)		(Ph)		
CHECK ONE: House [Inside City Limits: Yes:]] Mobile Home [] No:[]	Apartment 🗌		
Property: Own 🗌 Rent	Realtor Builder	: 🗌 Subdivison		Lot #
Services Requested: Gas] Water 🗌 Sewer 🗌 O	Garbage 🗌 🛛 All 🗌		
Gas Used For: Water Heat	ter 🗌 Stove 🗌 Furnace 🗌	Fireplace 🗌 Generator 🗌	Pool heater	All 🗌
the City for all such services req that I no longer occupy or contro fee of 10% of the current bill. I understand that if I do not pay th connected. I further authorize th charge from the day services are at this address before, it will take	st the City of Walker (Hereinafter calle uired on the premises at such service ac of the premises. I understand that all bil also understand that if payment is not r the bill in full by the 7 th day after the due the City to enter the premises for the pur connected until the regular reading dat the a minimum of fourteen (14) working the herein requested that this request sha	Idress as long as I occupy or control the ls will be due upon receipt, and that any ecceived by the due date, services are su date, I will have to pay the bill in full, pose of activating or de-activating serv e, even if it is less than one month. I h days AFTER payment has been receiv	e premises and until su y bill not paid by the d bject to be disconnect plus an administrative ices. I also understand ave been informed that ed in this office to hav	ach time as I give the City notice bue date, will be charged a penalty ed with no further notice. I e fee of \$20.00 per in order to be re- d that I will be charged a minimum t if there have never been services re services ready for me. I agree
APPLICANT'S SIGNATURE	:		Date:	
		OFFICE USE ONLY		
GAS: TAP:	WATER: TAP:	SEWER: TAP:	GARBAGE:	DEPOSIT NO:
DEPOSIT:	_ DEPOSIT:	TIE-IN:	DEPOSIT:	C/C:
SERVICE CHG:	SERVICE CHG:	DEPOSIT:		Cash
SERVICE EXTEND:	_	SERVICE CHG:		
Total Amount:	Date Paid: Must provide act of cash sale as proof of ownership			
Previous Customer:		Acct#:		
Application Taken By:	0 Pormont ma	thoda Coah Morter and a V'	Proc	edures available upon request

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City of Walker Billing Terms

- All bills are dated the last day of the month and they are due on the 4th Wednesday of the month. *Example: Bill date December 31st making the Due Date the 4th Wednesday of January.*
- **Billing is done in arrears which means we bill one month behind**. This will cause you to receive your first bill in ______.
- You should receive your bill by the 15th of each month. If you do not receive your bill by the 15th please call our office during normal office hours at 664-3123 to get the balance on your account.
- Office hours:

Monday – Thursday: 7:00 AM - 5:30 PM Closed on Friday

- If not paid by the due date on the bill a 10 % late fee will be assessed after 5:30 PM of the due date.
- We have two night deposit boxes. One located to the right of the front door. The other located in the back of the parking lot next to the FedEx drop box.
- If payment is not made services are subject to disconnect 7 days after the due date.
- On the 8th day after the due date a \$20.00 administrative fee will be placed on your account.
- If your services are disconnected the bill must be paid in full along with the administrative fee with cash, credit or debit card. NO CHECKS WILL BE ACCEPTED ON DISCONNECTED ACCOUNTS.
- If your account is final billed and you have a balance due to the City and it is not paid according to procedure your account will be sent to a collection agency and possibly reported to the credit reporting agencies. The collection agency will charge you a collection fee for their services.
- Procedures are available upon request.

I have read and understand the City of Walker Billing Terms.

Applicant:_____

Clerk:_____