

RESIDENTIAL UTILITY APPLICATION FOR THE CITY OF BYRON

DATE SERVICE BEGINS: _____

Name:		SS#:
Drivers License # & St. Issued:		DOB:
Service Address:		
Home Phone #:	Cell Phone #:	
Mailing Address:		
Employer Name:		Telephone #:
Address:		
(Spouse)Name:		
Drivers License # & St. Issued:		SS#:
Employer Name:		DOB:
Address:	Telephone #:	
Emergency Contact Name:		
Address:		Telephone #:

Renter _____ Owner _____

Easement Contract: The undersigned hereby request the City of Byron Utilities System, herein called the City, to provide and install on the premises, a yard service line and all necessary fittings and equipment to deliver above services to the meter location thereon and in consideration of the city's investment, in so doing the undersigned has granted and by these presents does grant to the city, its successors and assigns, a right-of-way and easement under, on, along and over said premises in and upon which to install and maintain such above described service line and equipment. It is understood that such service line and equipment shall be and remain the property of the City of Byron, that the city shall have and I hereby give the unqualified right to enter thereon at anytime, remove and repossess itself of said service line and all related equipment, all damages and cost in connection therein, and with the city's exercise of any right herein and/or by the undersigned granted to the city hereby expressly waived. Undersigned agrees to protect city's property on said premises.

I understand that current charges are due upon receipt of bill-failure to receive your bill does not relieve your obligation to pay; a 10% penalty is added after the 10th. If bill is not paid by the 20th of the month, your account(s) will be added to the delinquent list, incur an additional \$35 fee per meter, and your service(s) will be subject to immediate disconnection. The total amount due on your account must be paid to reconnect service. Return check policy: \$30 on all returned checks.

I KNOW THAT SOMEONE MUST BE AT HOME IN ORDER FOR SERVICE TO BE TURNED ON.

Sign _____ Date _____