



**RESIDENTIAL UTILITY SERVICE  
APPLICATION AND AGREEMENT**  
PLEASE PRINT

Name of Primary Applicant: \_\_\_\_\_ Date of Application: \_\_\_\_\_  
(Responsible for all decisions regarding this account)

Name of Secondary Applicant: \_\_\_\_\_  
(Spouse or other responsible adult in the household)

Service Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Drivers License# \_\_\_\_\_ Home or Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Secondary Applicant:

Drivers License# \_\_\_\_\_ Home or Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone: \_\_\_\_\_

Is this address:

☐ Rental if rental, give name of the landlord \_\_\_\_\_ Phone # \_\_\_\_\_

☐ Owned ☐ Other \_\_\_\_\_

Have you or the secondary applicant had service with the City of Mason before? ☐ No ☐ Yes If yes, when

\_\_\_\_\_ At what address: \_\_\_\_\_

**I CERTIFY THE ABOVE INFORMATION IS CORRECT AND AGREE TO ABIDE BY THE TERM OF THE CITY OF MASON UTILITY ORDINANCE #05-293. I FURTHER CERTIFY I HAVE RECEIVED NOTIFICATION THAT THE CITY'S WATER IS IN VIOLATION OF EPA RADIUM STANDARDS.**

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Secondary applicant \_\_\_\_\_ Date \_\_\_\_\_

*A deposit is required before utility service will be provided. The deposit, upon request, will be refunded or applied to the account after the utilities have been paid for 24 consecutive billings unless:*

- **Service has been disconnected for non-payment of bill**
- **And/or have been two (2) or more delinquent bills.**

*Utility deposits, less the amount of the final bill, will be refunded if services are disconnected.*

**Initial** \_\_\_\_\_

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*For Office Use Only*

Account No: \_\_\_\_\_ Connect Date: \_\_\_\_\_

Deposit Amount \$ \_\_\_\_\_ Received By: \_\_\_\_\_