CITY OF INKOM UTILITY APPLICATION

Service Address

_____

Date Service to Begin/End: _____Acct. Number _____

I hereby certify that I am the (check one) Owner ( ) Tenant ( ) of the above described property and that I do hereby accept and will comply with all the rules, ordinances and regulations which may be prescribed by the City relating to water, garbage, and sewer service and distribution.

Pursuant to Inkom Municipal Code, all new customers or customers with adverse credit with City are required to post a $100.00 utility service deposit for a single family residence. Said deposit shall be refunded upon written request after 12 consecutive on-time payments, or upon request may be applied toward the account after 12 consecutive on-time payments.

REASON FOR ACTION:

( ) Move In ( ) Delinquent Bill ( ) Water Deposit

( ) Move Out ( ) Water Leak ( ) Other

Applicant Name (*please print*) _____

Applicant mailing address: _____

Applicant's Employer: _____

Telephone Number: _____ Cell Phone number: _____

Name of Spouse/Roommate (please print) _____

Telephone Number: _____ Cell Phone Number:_____

☐ Renting ☐ Buying

Owner of property: (please print)_____

Address_____ Telephone Number: _____

Water Deposit Paid By _____ Amount: $ 100.00 (cash/check)

I understand that it is my responsibility to have all water outlets in these premises turned off, before the water, is scheduled to be turned on. Someone must be at the residents when the water is turned back on.

I understand that the City is under no obligation to check for open outlets and should any damage result from such an open outlet, I assume all liability and hereby release the City from any and all claims which might arise from this request for turning the water service on or off. There is a base rate fee per month, per water meter payable to the City even if the water has been shut off.

*Signature of Responsibility Party*_____ *Date:* _____

*Signature of Responsibility Party*_____ *Date:* _____

Signature of City Staff: _____