

TOWN OF OAKLAND UTILITY SERVICES APPLICATION ORDER

APPLICANT'S NAME: _____ ACCOUNT NUMBER: _____

SERVICE ADDRESS: _____

BILLING ADDRESS (if different from service address): _____

PHONE NUMBERS: Home _____ Cell _____ Work _____

EMAIL ADDRESS: _____

EMPLOYER NAME: _____

EMPLOYER ADDRESS: _____

EMERGENCY CONTACT - PERSON NOT AT THIS ADDRESS: _____

EMERGENCY CONTACT PHONE NO: _____

1. This certifies that the \$75.00 connect fee is non-refundable. Billing is 1 month behind. Customer is responsible for all charges if service is terminated.

2. Applicant is aware that to terminate these services, a Disconnect Form must be completed and submitted.

3. The undersigned hereby makes application for the utility services indicated above at the address shown and agrees to pay for said services as measured by the OAKLAND WATER DEPARTMENT meters according to the rates applicable.

4. The applicant agrees to permit authorize agents of the OAKLAND WATER DEPARTMENT free access to the premises for the purpose of inspecting, reading, repairing, or removing property of the OAKLAND WATER DEPARTMENT.

5. The applicant agrees that this application is subject to the OAKLAND WATER DEPARTMENTS regulations, now in force or as may hereafter be adopted, copies of which are open for inspection at the Oakland City Hall; and that such rules and regulations are a part of this agreement.

6. If applicant desires installation of services during periods of inclement weather or other conditions which are inappropriate for installation in the judgment of the OAKLAND WATER DEPARTMENT official, applicant releases the OAKLAND WATER DEPARTMENT from liability for damages and the duty to repair such damage. _____ (initials)

7. I understand it is my full financial responsibility to pay all court costs, all collection fees and/or attorney fees if my account is turned over for collection.
_____ (initials)

8. I understand that I am enrolled automatically to **Water Leak Relief Insurance**. A \$2.50 charge for optional **Water Leak Relief Insurance** will be automatically added to my bill. To opt out at anytime, call 855-426-7655.
_____ (initials)

FOR OFFICIAL USE ONLY: CONNECT DATE: _____

CONNECTION FEE: _____ CASH _____ CHECK NO. _____ C.C. _____

PROPERTY TYPE: RESIDENTIAL _____ COMMERCIAL _____

TYPE OF OCCUPANCY: OWNER _____ RENTER _____

SERVICE REQUESTED: WATER _____ SEWER _____ SANITATION/GARBAGE _____

SIGNED: _____ CO-SIGNED: _____

APPROVED BY: _____ DATE: _____