

**INTEROFFICE USE ONLY**

PREV. ACCT. CLOSED \_\_\_\_\_ ACCT. # \_\_\_\_\_

Copy of Applicant's Driver's License/Other Identification Attached:  Yes  No



**CITY OF GREENBRIER  
WATER/UTILITY AGREEMENT AND APPLICATION**

**APPLICANT IS:**  **PROPERTY OWNER**  **RENTER/TENANT**

This form must be accurately completed and provided to the City of Greenbrier prior to Water/Utility hookup. By completing and signing this form, I agree to and accept all the terms, conditions, fees and expenses associated with the requested services.

**I. PROPERTY OWNER (To be completed by renters only)**

1. Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

**II. APPLICANT'S INFORMATION**

1. Name and Spouse's Name (if applicable)

\_\_\_\_\_

Social Security #: \_\_\_\_\_ Driver's License #/State: \_\_\_\_\_

2. Address for water to be turned on: \_\_\_\_\_

3. Mailing address if different: \_\_\_\_\_

4. Would you like to receive your bill through e-mail instead of a paper bill?  Yes  No

If yes, what is your e-mail address? \_\_\_\_\_

5. Place of employment and phone #: \_\_\_\_\_

6. Spouse's place of employment/phone #: \_\_\_\_\_

7. Have you ever had utilities in the City of Greenbrier?  Yes  No

If yes, in what name? \_\_\_\_\_ When? \_\_\_\_\_

8. Date to be turned on: \_\_\_\_\_

9. Lot number if new construction: \_\_\_\_\_

### III. FEES AND EXPENSES

1. As the “**homeowner**” I agree to pay a \$25.00 service connection fee. I understand that this is a one time charge and is fully payable prior to the water/utility hookup. I understand that this fee is not refundable for any reason.
2. As the “**renter**” I agree to pay a \$25.00 service connection fee which is not refundable for any reason and a \$150.00 deposit prior to water/utility hookup. The \$150.00 deposit secures payment of my water/utility bill. When utility service is disconnected, I understand that the \$150.00 deposit will be applied toward my final bill. I also understand that after deducting my final bill, the remainder of the deposit will be paid to me within 15 business days.
3. I understand that if my service is disconnected for non-payment, I must first pay the outstanding bill balance. Additionally, I agree to pay a \$25.00 reconnection fee for reconnection during office hours (8:00 a.m. to 4:00 p.m.), or a \$50.00 reconnection fee for reconnection after office hours.
4. I agree to pay a \$30.00 fee for any payment returned (includes automatic bank draft).
5. In the event my account is placed with an outside agency for collection, I agree to pay all collection cost, court cost and attorney fees incurred to collect the balance due.
6. I have received and agree to the “Policies” given to me by the City of Greenbrier. I have read and accept all terms and conditions of this agreement. I further agree and state that my signature constitutes not only my acceptance of this agreement but also that of my spouse and any and all other adult occupiers of this residence. If I am signing on behalf of my spouse or another adult person, I state and affirm that I have their authority to bind them to this agreement.
7. All the information contained herein is true and accurate to the best of my knowledge and belief that all this information and signatures are here and made as my inducement for the City of Greenbrier to accept this agreement.
8. For E-billing customers only: I authorize the City of Greenbrier to send electronic billings to the above email address. I understand it is my responsibility to notify the City of Greenbrier if there is any change to the e-mail on file. I understand failure to receive bill does not prevent my account from penalties accrued after the 20<sup>th</sup> of the month if unpaid. I understand my services will be disconnected and will be subject to a reconnection fee if payment is not received.

DATE SUBMITTED: \_\_\_\_\_

\_\_\_\_\_  
APPLICANT SIGNATURE

PHONE NUMBER: \_\_\_\_\_

SPECIAL INSTRUCTIONS FOR THE CITY OF GREENBRIER

**\*\*FOR OFFICE USE ONLY\*\***

Meter Type: \_\_\_\_\_

MFG: \_\_\_\_\_

WT: \_\_\_\_\_

SPECIAL INSTRUCTIONS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

REC # \_\_\_\_\_ DEPOSIT \$ \_\_\_\_\_ SERVICE CHG. \$ \_\_\_\_\_

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