

LAURENS MUNICIPAL UTILITIES

APPLICATION FOR UTILITY SERVICES

Applicant Information

ACCOUNT # _____
Name of Applicant _____
Social Security Number _____ Date of Birth _____
Contact Phone _____ Employer _____
____ Photo ID Attached
Name of Applicant _____
Social Security Number _____ Date of Birth _____
Contact Phone _____ Employer _____
____ Photo ID Attached

Premise Information

Service Location _____
Owner _____ Tenant _____ Number of Residents _____
Landlord _____
Authorized by Landlord _____
Billing Address _____
Requested Service Date _____
Deposit Amount _____ Deposit Paid _____

Services

___ Electric ___ Water ___ Sewer ___ Garbage ___ Storm Water ___ Landfill

Terms of Service

I hereby apply for the requested/required municipal services to be delivered to the service location listed above pursuant to the City of Laurens Code of Ordinances.

My signature below signifies my agreement to pay each utility bill in a timely manner and I understand Laurens Municipal Utilities (LMU) can and will exercise their rights under the laws of Iowa to collect any unpaid fees due to LMU.

The above referenced deposit is intended to guarantee payment of bills and is required for each service connection. An additional deposit may be subsequently required if the deposit is found insufficient and the account becomes marked by untimely payments.

Applicant Signature _____ Date _____

Applicant Signature _____ Date _____

Billing Information

Electric and Water meters are read on the 15th of each month with bills generated on our about the 20th of the month. Utility payments are due on the 15th of the month following the billing date. Late fees and penalties will be assessed to accounts with outstanding balances after the due date.

A budget-billing plan, which enables you to pay an equal amount each month, may be available after a 12 month service history is established. Please contact LMU for more information.

If you are unable to pay your bill because of some unusual financial difficulty, it may be possible to enter into an agreement in which a delinquent bill is paid in more manageable installments. You must contact LMU in person to enter into any payment agreement.

ACH Billing Authorization

Per my signature below, I authorize Laurens Municipal Utilities to initiate monthly ACH debits to my account on or about the 15th day of every month in the amount indicated on my monthly billing statement. This authorization shall be in effect from the date of my signature, and shall remain in effect until revoked in writing by me. Failure to have sufficient funds in the authorized account shall result in charges of \$25.00 plus bank fees for each presentation of payment not honored by my bank.

Bank Name _____

Account Name _____

Routing Number _____ Account Number _____

Effective Date _____ Signature _____

Discontinuation of Services

CUSTOMER REQUEST

Request for discontinuation of services shall be made in person at LMU offices a minimum of 24 hours prior to the requested disconnect date. A viable forwarding address and contact phone number shall be provided to LMU for purposes of final billing statements, return of deposits, and/or collection efforts.

NON PAYMENT

Failure to pay a bill may result in discontinuation of services by LMU. Written notice will be given at least 12 calendar days prior to discontinuation of services. In addition, the utility will post notification on the premises a minimum of 24 hours preceding the shutoff. A disconnection fee will be added to the customer's account for each instance a posting notification is required. A customer may be given an opportunity to enter into a payment agreement to avoid discontinuation of services

Other Authorized Individuals

LMU will not release your account information to any party other than named account holders, landlords, as required/allowed by law and other individuals authorized by you as noted below.

Name _____ Relationship _____

Name _____ Relationship _____