



CITY OF AMORY
Water and Light

Office - 129 Main Street North • P.O. Box 266
Amory, Mississippi 38821
Office: (662) 256-5633 • Fax: (662) 256-6335



RESIDENTIAL ACCOUNT SERVICE AGREEMENT

LOCATION# _____
CUSTOMER# _____

PLEASE PRINT ALL INFORMATION BELOW

CUSTOMER NAME: _____
DATE OF BIRTH: _____ PHONE #: _____
SOCIAL SECURITY#: _____ DRIVER'S LIC#: _____
PLACE OF EMPLOYMENT: _____ PHONE #: _____
MARITAL RESIDENCE: _____
SPOUSE NAME & SSN: _____
SPOUSE PLACE OF EMP: _____ PHONE#: _____
CIRCLE ONE: OWN or RENT LANDLORD'S NAME & PHONE: _____
NEAREST RELATIVE'S NAME: _____
HAVE YOU HAD SERVICE WITH US BEFORE: _____ DATE: _____
PERSONAL REFERENCE NAME & #: _____
ADDRESS OF REFERENCE: _____

The undersigned hereby makes application for utility service and agrees to pay for said service as measured by City of Amory Utilities metering devices in accordance with the applicable rates and charges as specified in the City of Amory Utility Rate Schedule for above address and any other location that may be incurred as a result of a request to transfer the account until City of Amory Utilities receives a request to discontinue the services or discontinues service due to failure to comply with this agreement. The customer agrees to allow right of access to the City of Amory Utilities agents on the customer's premises at all reasonable times and for necessary purposes. I/We assume responsibility for service beginning from connection date or until the City of Amory Utilities notified of cancellation of service. I/We agree that all billings rendered by said company shall be due and payable upon receipt. Failure to receive a bill does not release a customer from payment of obligations. The customer shall pay all connection expenses. Customer shall also pay all reasonable attorney fees, court fees, and collection agency fees due to default or failure to perform the obligations incurred as set forth in this agreement. It is agreed by the customer and the City of Amory Utilities that this contract shall apply to the original address of the customer and to all future addresses of the customer.

The applicant agrees that they have followed the guidelines set forth by the State Department of Health regarding onsite wastewater disposal.

Service Practice Policies are available on the cityofamoryms.com website. Rates are available upon request.

Information submitted to the City of Amory Utilities in this service agreement is correct and true to the best of my/our knowledge and belief.

APPLICANT'S SIGNATURE: _____ DATE: _____
APPLICANT'S PRINTED NAME: _____
JOINT APPLICANT'S SIGNATURE: _____ DATE: _____
JOINT APPLICANT'S NAME: _____
APPROVED-CITY OF AMORY UTILITIES BY: _____ DATE: _____