## SALISBURY MUNICIPAL UTILITIES APPLICATION FOR SERVICES

Any person who shall desire to connect with the electric and/or water and/or sewer and/or garbage services shall before such connection is made complete and sign an application form requesting the services. At this time the appropriate meter deposit must be made.

# All previously unpaid bills of any individual resident, or any owner or shareholder of a business must be paid in full before services will be connected.

Would you like to authorize the City of Salisbury and your bank to initiate AUTO PAYMENT as a method of paying your monthly utility bill? Y N (circle) A voided check will be needed.

1) APPLICANT(S) FULL NAME	<i>SS#</i>
2) APPLICANT(S) FULL NAME	<i>SS</i> #
PHONE #1	PHONE #2
Have you or anyone in your family previou.	sly lived in Salisbury? Yes /No MAIDEN NAME
If yes, when? (Date) Where	e? (Address)
Under what name?	
Do you OWN or RENT the property where	you will be living? If renting; who is the property
owner? Wh	hat is the address?
Billing address if different than above	
1) EMPLOYER NAME & PHONE #	
2) EMPLOYER NAME & PHONE #	
RELATIVE/FRIEND TO CONTACT IN CA	SE OF EMERGENCY (water leak, power outage etc)
ADDRESS	PHONE
	nore than one adult resides in the household both must sign this eaves the household the deposit will remain with the adult signer
Signature	please print name
Signature	please print name

#### A COPY OF YOUR DRIVER'S LICENSE AND/OR SOCIAL SECURITY CARD IS NEEDED

Customers shall remain responsible for furnishing the utility office with the correct address for billing & service purposes. Misrepresenting an identity or otherwise intentionally providing false information on this application shall be reason for discontinuance of service(s).

Final bills/meter deposit refunds will not be issued until the end of the month.

#### **METER DEPOSITS**

All meter deposits, regardless of who initially paid it, will be applied to the final bill. Any remaining unpaid balance or credit will be sent to the person(s) making application. Any meter deposit paid by a charitable organization will be applied to the final bill with any remaining balance due being sent to the person(s) making this applications; any credit balance will be refunded to the charitable organization.

## Salisbury Municipal Utilities Discontinuance of Service Policy And Check Writing Policy

Bills for utility service shall become delinquent after the 10<sup>th</sup> day of each month and shall be subject to a ten percent (10%) penalty if not paid. If the delinquent bill is not paid **BEFORE 8:00** am on the **25<sup>th</sup> day of the month** the appropriate late fee will be accessed regardless if disconnection has or has not taken place at this time. If **25<sup>th</sup>** falls on weekend or holiday, the next business day will be treated as disconnect day. No door hangers will be issued. If service account(s) only has a \$75.00 meter deposit, an additional \$75.00/per service account will need to be collected as required if disconnected. The customer shall pay the entire delinquent balance due and all fees and deposits that apply.

LATE FEES	Mon-Fri 8-5	\$45.00
	After hours	\$70.00

Utility office hours are Monday through Friday 8:00 am - 5:00 pm. The office door does not open until 8:00 am. For your convenience there is a payment drop slot inside the door.

Salisbury Municipal Utilities reserves the right to refuse any or all checks. Further, no counter checks will be accepted (all checks must have personal information preprinted on check) and no two party checks will be accepted.

If a check or Auto-Bank payment is returned for any reason such as NSF, Account Closed, Hold, Stop Pay, or any other reason on a utility account, no further checks will be accepted within a 12 month period on that particular account. Money order or cash will be acceptable forms of payment. All checks will be sent through the bank one time only. Returned check fee is \$25.00

### <u>I have read the above policies on meter deposits, past due payments, penalties,</u> <u>discontinuance of service, late fees, and check writing, I understand these policies.</u>

date\_\_\_\_\_

Form revised: 06-20-2014

date\_\_\_

Word: Application of services