RESIDENTIAL APPLICATION FOR SERVICES

Please PRINT CLEARLY for accuracy and attach proof of ownership or rent receipt

(Security Deposit required if property is not owned by the applicant)

(Drivers License or photo ID and signature required for all applicants)

***ACH**: (Please include copy voided check and complete form)*

	I wish to enroll in (ACH) Automatic Clearing House payments

Please check services requested:

☐ Water	☐ Sewer	☐ Gas

Sanitation is included if property is located inside Parsons City Limits

Name _____

Co-Applicant/Maiden Name _____

Service Address _____

Mailing Address _____

Paper Bill ____ or Email Bill ____ Email address _____

DL#/State_____ SSN # _____ (Last 4) Cell # _____ Other # _____

Employer/location _____ How Long _____

Have you received service from the City of Parsons before? **YES or NO**

If Yes, When _____ Location _____

List other Utility Companies you had service with: _____

The applicant hereby agrees to comply and be bound with and be subject to all applicable Federal and State Laws, City Ordinances and Resolutions, Utility Department Rules and Regulations, and Public Works Department Rules and Regulations. This institution is an equal opportunity provider. _____ (*Initial)*

Parsons Gas department does not maintain any piping on the customer side of the meter. It is the customer's responsibility to maintain any exposed or buried piping that is owned by the customer. The customer should periodically inspect for leaks and corrosion. You, the customer, should repair any unsafe condition that may exist. All excavating near buried gas piping should be done by hand (no mechanical equipment such as backhoe or trencher). The buried piping should be located in advance to any excavating. Plumbers and/or heating contractors can assist you in locating, inspecting and repairing your customer-owned buried piping. _____ (*Initial)*

I, the undersigned, do hereby understand and agree to the above requirements. All customers inside the city will receive sanitation service and are required to pay for services in accordance with City Rules and Regulations. To the best of my knowledge, I certify that the above information I provided is a true and accurate statement. If accepted, this application shall constitute a contract for services between the said applicant and the City of Parsons. _____ (*Initial)*

Applicant Signature _____ Date_____

Co-applicant Signature _____ Date _____

RENTERS INFORMATION (PAGE 2)

NAME: _____

ADDRESS: _____

NAME OF NEAREST RELATIVE: _____

PHONE: _____ ALT PHONE: _____

OWNER INFORMATION

NAME: _____

ADRRESS: _____

TELEPHONE: _____

Security Deposit Policy (Effective November 1, 2012)

Upon application for water, sewer, or gas service a prospective customer shall pay a deposit according to the following schedule:

- Homeowner: No deposit required – a nonrefundable connection fee will be required
- Non-homeowner occupied residential: Equal to three (3) months estimated usage – plus nonrefundable connection fee
- Owner/Commercial: No deposit required – a nonrefundable connection fee will be required
- Non-owner Commercial: Equal to three (3) months estimated usage – plus nonrefundable connection fee
- Deposits will be returned to customers after establishing a 24-month good payment record.
  A good payment record may be established by meeting the following criteria:
  1). During the twenty-four (24) consecutive months that the service was provided, the customer did not have more than two (2) bills that were delinquent; and
  2). Did not have a service disconnect for nonpayment of a bill for services rendered; and
  3). Did not have a check returned to the city by a bank for insufficient funds.

I have read and understand the Security Deposit Policy

Signature: _____

Date: _____