

Dep# \_\_\_\_\_

**CELINA UTILITY SERVICE APPLICATION**

Dep \$ \_\_\_\_\_



(Please Print Clearly)



Cash/Check # \_\_\_\_\_

APPLICANT'S NAME \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_

SERVICE ADDRESS \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

SSN # \_\_\_\_\_ ID OR DRIVER'S LICENSE NUMBER \_\_\_\_\_

APPLICANT'S EMPLOYER \_\_\_\_\_ HOW LONG \_\_\_\_\_ PHONE \_\_\_\_\_

SPOUSE'S NAME \_\_\_\_\_ SSN # \_\_\_\_\_

SPOUSE'S OCCUPATION OR EMPLOYER \_\_\_\_\_ HOW LONG \_\_\_\_\_

PREVIOUS ADDRESS \_\_\_\_\_

PREVIOUS UTILITY PROVIDER \_\_\_\_\_

DO YOU CURRENTLY HAVE CELINA UTILITIES IN YOUR NAME? \_\_\_\_\_ YES \_\_\_\_\_ NO

IF YES, DATE YOU WISH TO HAVE THEM TAKEN OUT OF YOUR NAME \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Celina Utilities Application for: (Check Applicable Boxes Below)**

|                            |                                    |                             |
|----------------------------|------------------------------------|-----------------------------|
| _____ Water                | _____ Electric Commercial/Industry | _____ Construction Water    |
| _____ Sewer                | _____ Electric Residential Heat    | _____ Construction Electric |
| _____ Electric Residential |                                    |                             |

DATE SERVICE NEEDED \_\_\_ / \_\_\_ / \_\_\_ BY PROPERTY OWNER \_\_\_\_\_ TENNANT \_\_\_\_\_

IF TENANT: PROPERTY OWNER'S NAME \_\_\_\_\_

PROPERTY OWNER'S ADDRESS \_\_\_\_\_

TELEPHONE # \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**I THE UNDERSIGNED DO AGREE:** All utility bills are due and payable 10 days after bill date. A 10% penalty will be applied to any unpaid balance after that day. Nonpayment of bills 15 days after due date will result in discontinuance of service. Once disconnection occurs, balance, plus reconnection fee will be required. That if I, my spouse, or any member of my household owes the City of Celina any past due utility bills, all unpaid bills must be PAID IN FULL prior to service being provided anywhere within Celina's Utility Service area. If, after service is provided, it is found that such bills do exist, service will be discontinued until payment is made in full. Further, I authorize Celina Utilities to provide duplicate utility bills to my Landlord/Property Owner.

DATE \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

SIGNATURE \_\_\_\_\_



## CELINA UTILITIES SERVICE REQUIREMENTS

In accordance with the CELINA UTILITIES SERVICE POLICY, RULES AND REGULATIONS, Ordinance Number 53-02-O, the following restrictions are required to obtain or maintain utility service from Celina Utilities:

- Applicant is responsible for utility bills
- Deposits are required in accordance with fee schedule for residential customers
- Utility bills must be paid within 10 days of billing date
- All unpaid bills are subject to a 10% late penalty after the payment due date
- Disconnection of utility service(s) for nonpayment shall occur on the 25th day from the **billing** date
- Existing sump pumps or drains must be disconnected from sewer lateral
- No sump pumps, storm water drains, or surface water of any source, including downspouts, may be connected to the sanitary sewer for any reason
- No additional buildings may be connected to any utility service without prior written authorization of Celina Utilities
- No cross connections are permitted between different water sources (well, pond, and or municipal water)
- Wells must be disconnected from the structure to be served with municipal water

Property Owner agrees that tenants of premises listed below to be covered by this application are authorized to receive Utility Bills for the service address listed. Further, I understand that I will receive copies of all bills and delinquent/shut-off notices for the above property as the legal property owner.

I AGREE TO ABIDE BY THE ABOVE REQUIREMENTS AND RESTRICTIONS AND UNDERSTAND THAT I MAY LOSE MUNICIPAL UTILITY SERVICE PRIVILEGES AND OR BE SUBJECT TO LEGAL ACTION SHOULD I, OR ANYONE RESIDING WITHIN THE PROPERTY TO BE SERVICED, FAIL TO COMPLY.

|                     |                      |
|---------------------|----------------------|
|                     |                      |
| OWNER SIGNATURE (S) | TENANT SIGNATURE (S) |

|                  |                  |
|------------------|------------------|
|                  |                  |
| PRINTED NAME (S) | PRINTED NAME (S) |

PROPERTY ADDRESS OF OWNER \_\_\_\_\_  
 CITY, STATE, ZIP CODE \_\_\_\_\_  
 TELEPHONE NUMBER (S) \_\_\_\_\_