

**TOWN OF TWISP
UTILITY APPLICATION**



Account # _____ Date _____

_____ Account Name Change _____ Concurrency _____ Development Connection Fees

_____ Mailing Address Change _____ Account Adjustment \$ _____

_____ Transfer Acct Former Owner to new Owner _____ Proof of Purchase (Sale only)

Water Class/Rate _____ Sewer Class/Rate _____

Purpose/Uses of Services: _____

Service Address: _____

_____ Owner _____ Renter (If applicable)

Business Name (if applicable): _____

Mailing Address: _____

Phone: _____ Cell Phone: _____ Email: _____

Previous Owner: _____ Information taken by: _____

New Account: Application is hereby made for service under the following Twisp Municipal Code rules and regulations:

1. The undersigned acknowledges that he/she is the owner of the property or tenant (a waiver for alternative billing must be signed) as stated on the application and agrees to use such service and pay monthly at the current rate per month as provided by fee schedule of the Town. The undersigned agrees to any changes in utility rates hereafter made by the Town.
2. Subject to terms and provisions of the TMC, the undersigned agrees to pay the first month's utility bill (flat rate billing) due upon time of application for services request. Amount paid \$ _____
3. The undersigned understands the following: 1) the utility bill becomes delinquent after the 25th of the month; 2) there is an \$10.00 penalty per bill if not paid by the 25th of the month; 3) if the bill is not paid by the 10th of the next month, a door hanger will be posted alerting the user that the water service will be disconnected and a \$30.00 re-connect charge will be added to the bill; 4) if the utility service is disconnected for non-payment, the total bill, including any penalty and/or re-connect fees must be paid before the water will be turned back on.
4. In the event the Town discovers that the undersigned has been under charged for utility services, the undersigned agrees to pay the amount of the undercharges, or make arrangements satisfactory to the Town for payment of the amount undercharged, within thirty (30) days of receipt of the Town's notice for payment.

SIGNING THIS FORM CERTIFIES THAT THE ABOVE STATEMENTS MADE BY THE CUSTOMER ARE TRUE AND CORRECT TO THE BEST OF THE CUSTOMER'S KNOWLEDGE AND THAT THEY AGREE TO THE TERMS AND CONDITIONS LISTED ABOVE.

Signature