

# APPLICATION FOR WATER SERVICE



**Water Service Address:** \_\_\_\_\_

***Applicant #1:***

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone # \_\_\_\_\_ Alt Phone # \_\_\_\_\_

Driver's License # \_\_\_\_\_ State: \_\_\_\_\_

Email Address: \_\_\_\_\_

Property Owner    Y    N    Tenant    Y    N    Previous Account    Y    N

***Applicant #2:***

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone # \_\_\_\_\_ Alt Phone # \_\_\_\_\_

Driver's License # \_\_\_\_\_ State: \_\_\_\_\_

Email Address: \_\_\_\_\_

Property Owner    Y    N    Tenant    Y    N    Previous Account    Y    N

How do you want to receive your bill? (**select one**): \_\_\_ Paper Form \_\_\_ Email / Paperless

**\*\*if paperless is selected, please provide valid email address for bill. \*\***

**Bills are due as noted on monthly billings. If payment is not received by the specified due date a late charge will be added to the account and the service may be disconnected.**

Back Flow Prevention Device Installed? Yes \_\_\_\_\_ No \_\_\_\_\_ Annual Test Deadline \_\_\_\_\_

Customers are to contract annually with a State certified inspector to have back flow devices tested. A list of inspectors is available at City Hall. A copy of the test results is to be sent to the City Water Department.

Please check Racial/Ethnic Categories:

- \_\_\_ American Indian or Alaskan Native
- \_\_\_ Black or African American
- \_\_\_ Native Hawaiian or Pacific Islander
- \_\_\_ Other
- \_\_\_ Asian
- \_\_\_ Hispanic or Latino
- \_\_\_ White

(This is asked as part of a Federal Funding Requirement)

Each applicant for water service shall sign an application agreeing to abide by the rules and regulations of the City of Banks Water Department. This application is only a written request for service and does not bind the Water Department to serve.

X \_\_\_\_\_  
 Applicant #1 Signature Date of Application

X \_\_\_\_\_  
 Applicant #2 Signature Date of Application

<b>For Office Use Only</b>			
Move in date: _____	Application received: _____	Beginning meter reading: _____	
Cycle: _____	Route: _____	Sequence: _____	Received by: _____

The city of Banks is an Equal Opportunity Employer and Provider  
**Water Utility Fee Schedule**

Application Fee for Water Service	\$25.00
Non-Sufficient Fund (NSF) Fee	\$25.00
Water Account Late Charges	10% of Bill
Collection Agency Fee	33% additional fee for the balance owing
Water Shut Off Fee – Due to Non Payment	\$35.00
After Hour Water Shut Off Fee – Due to Non Payment	\$75.00
Request for Shut off – Shut off Fee	\$0.00
Request for Shut off – Reconnect Fee	\$0.00
Request for Lockout (No Base Rate Charge) – Lockout Fee	\$125.00
Request for Lockout (No Base Rate Charge) - Reconnect Fee	\$125.00
Backflow Test Fee	\$20.00
Backflow Repair Fee	\$10.00
Backflow Re-testing Fee	\$10.00
Meter Box Landscape Maintenance Fee	\$25.00 per hour (min 1 hour)
Door Hanger Fee	\$25.00 per door hanger
Backflow Device Removal Fee	\$50.00 per device