

**City of Wakefield**  
**WATER SERVICE CONTRACT**  
609 Grove, P.O. Box 326, Wakefield, KS 67487  
Phone: 785-461-5886 Fax: 785-461-5887

(Please print)

Date Service to Begin \_\_\_\_\_

Customer Name \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Date of Birth \_\_\_\_\_ MI \_\_\_\_\_

SS# \_\_\_\_\_ Driver's Lic. # \_\_\_\_\_ State \_\_\_\_\_ Email Address \_\_\_\_\_

Service Address \_\_\_\_\_ Phone (Cell or Home) \_\_\_\_\_

Billing Address \_\_\_\_\_ City, State & Zip \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

Work Address \_\_\_\_\_ City, State & Zip \_\_\_\_\_

Do you: Own Rent (Circle One) Landlord Name \_\_\_\_\_ Phone \_\_\_\_\_

Landlord Address \_\_\_\_\_ City, State & Zip \_\_\_\_\_

Spouse/Roommate Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Spouse/Roommate SS# \_\_\_\_\_ Driver's Lic. # \_\_\_\_\_ State \_\_\_\_\_

Spouse/Roommate Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

The undersigned is hereby contracting for water, sewer & sanitation services with the City of Wakefield and understands that persons, firms, or corporations having connection with the City's water and sewer system shall pay monthly usage and service charges. Sanitation charges are billed monthly on the water bill. All billings are due before the date indicated on each billing to avoid penalties.

The undersigned agrees to claim no damage due to the stoppage of the flow of water resulting from accident or when stoppage is necessary to make alterations, repairs or improvements. The undersigned shall keep all plumbing fixtures on applicant's premises in good repair, shall promptly stop all leaks from such plumbing fixtures, and shall conserve water in time of water shortage.

**Deposit for water service is \$130.00. A non-refundable administrative fee of \$30.00 is included.**

Deposit will be reimbursed upon final bill. Final bills will not be prorated.

Landlords will be notified if payment is not paid in full by due date.

The undersigned agrees that if bills or charges remain delinquent, water service will be terminated. The following provisions will be applied as part of this contract:

- a. That a 10% penalty will be assessed on any amount that is not paid on or before the date indicated on the bill.
- b. That service interruption notices will be sent out by regular mail.
- c. That upon non-payment of the water bill by the interruption date, water service will be disconnected with a \$45 reconnect fee. After business hours a \$100.00 call-out fee will also be applied.
- d. That water service will be reconnected upon full payment of the water bill and service charges.

All returned checks, which were applied to water accounts, will result in disconnection of service if not paid in cash within the allotted time after notification. A \$30 returned check charge will also be assessed.

Signature \_\_\_\_\_ Date \_\_\_\_\_

For office use only: Account # \_\_\_\_\_ Deposit Amt. \$ \_\_\_\_\_

Method of payment: Cash Check Credit/Debit