

APPLICATION FOR RESIDENTIAL WATER/SEWER/GARBAGE SERVICE

Service Address: _____

Today's Date: _____ Connect Date: _____

APPLICANT INFORMATION

CO-APPLICANT INFORMATION

Name: _____

Name: _____

Mailing Address: _____

SS #: _____

Date of Birth _____

Date of Birth _____

Employer: _____

SS #: _____

Emp. Tel#: _____

Home Tel #: _____

Relation: _____

Employer: _____

Emp. Tel #: _____

Business Lic. #: _____

Tax ID#: _____

Rent: _____

Own: _____

Number of People in Household _____

E-mail: _____

By signing this application, applicant agrees to observe any regulations now or hereafter adopted related to the service and to pay water bills promptly in accordance with Mineral County ordinances 192A, 132A and 239A

Should suit be brought or legal action taken on same for collections, applicant promises to pay a reasonable fee for such action. Applicant gives consent to the County of Mineral to verify employment for collection purposes, if needed. Applicant also agrees to pay the connection fee that will be charged on the first bill. Applicant and/or co-applicant also acknowledge that payment of any bill or fee chargeable to the herein account made by a third party does not relieve the applicant or co-applicant from arrearages or other liabilities on the herein account. Applicant/co-applicant further agrees that the account is not assignable unless Hawthorne Utilities or its authorized agent agrees to such an assignment in writing.

Deposit Amount: 100.00 _____ Date: _____ Deposit #: _____

Signature of Applicant: _____

Signature of Co-applicant: _____

Hawthorne Utilities is an equal opportunity provider.

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FINANCIAL CONTRACT/AGREEMENT

1. I understand that if I do not pay my account with **Hawthorne Utilities** in full that my account may be assigned to a collection agency for collection.
2. I understand that if my account is assigned to a collection agency that the collection agency will charge a commission or fee that may be as much as 50 percent of the amount I owe to Hawthorne Utilities. I agree that if my account is assigned to a collection agency, that Hawthorne Utilities may add the amount of the collection agency's commission or fee to the amount I owe Hawthorne Utilities, and I agree to pay that additional amount.
3. I understand that the addition of a collection agency's fee or commission to my unpaid balance may well result in my owing a sum substantially in excess of the amount owed under my agreement. I understand, for example, that if the unpaid balance that I owe to Hawthorne Utilities is \$1,000 that Hawthorne Utilities may add up to \$500 to my account, and I agree to pay the sum of \$1,500 in such event.
4. I understand and agree that in the event legal action is commenced to enforce my obligations hereunder, that I will pay court costs and reasonable attorney's fees.

Signature

Date

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The following information is requested by the Federal Government in order to monitor compliance with Federal Laws prohibiting discrimination against applicants seeking to participate in this program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race/national origin of individual applicants on the basis of visual observation or surname.

Applicant: <input type="checkbox"/> I do not wish to furnish this information	Co Applicant: <input type="checkbox"/> I do not wish to furnish this information
Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male