

\*\*\*\*Staff use only: Prev.bills in applicant name:\_\_\_\_\_ Deposit:\_\_\_\_\_ Drivers license\_\_\_\_\_  
Landlord Authorization form/proof of ownership\_\_\_\_\_ previous bills @address:\_\_\_\_\_

## City of Vandalia Utilities Form

Date: \_\_\_\_\_ Telephone #: \_\_\_\_\_

New Address: \_\_\_\_\_ Own \_\_\_\_\_ Rent \_\_\_\_\_

Name: _____	Driver's License #: _____
Employer: _____	Social Security #: _____

Spouse: _____	Driver's License #: _____
Employer: _____	Social Security #: _____

# of persons living in Residence: \_\_\_\_\_ Property Owner \_\_\_\_\_

Requested Services: Electric/Water/sewer/trash_____	Electric_____	Water/sewer/trash_____
Deposit Amounts	\$300	\$50

Deposits are required on ALL accounts. **Commercial deposits WILL** be higher than above amounts. Deposits will be refunded and/or applied to final billing upon disconnection of services.

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Utility bills are issued on the 25<sup>th</sup> of each month and due by the 10<sup>th</sup> of the following month. Late penalties will accrue on all amounts not paid by the 10<sup>th</sup>. Any delinquent accounts not paid by the 25<sup>th</sup> will be shut off. There is a \$25 reconnect fee to reinstate services. After hours reconnects will be higher.

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The facts set forth in this application for utility services are true and complete. I understand that any false statement on the application shall be considered sufficient cause to increase the amount of the utility deposit or to deny services. The City of Vandalia is hereby authorized to make an investigation of my financial or credit records through any reference and/or credit agency. I understand that the City of Vandalia reserves the rights to require proof of residency which may include, but not be limited to, a rental agreement or proof of ownership of the property to which I am requesting utility service. I further understand that the City reserves the right to discontinue utility service at anytime, should it become apparent that information given is incorrect.

Should this account become delinquent, the undersigned agrees to pay all of the creditor's collection expenses, including all collection agency fees and all attorney fees. If suit is brought, it may be filed in the county where services were rendered.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed name, responsible party

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**Other services-Contact:**

Telephone	Windstream	1-800-992-9289
Gas	AmerenUE	1-800-552-7583

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Receipt # issued: \_\_\_\_\_  
*Utility Deposit.doc-02/18/2015*