

**MONTICELLO UTILITY COMMISSION
WATER USER AGREEMENT**

Name of Person Responsible
For Payment of Charges: _____

Street Address of Property: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

1. You will be billed monthly.
2. It is unlawful to damage any part of the water system including hydrants and meters.
3. Each customer shall have a separate meter. One meter may be used for apartments, blocks of stores or shops.
4. Your water shall be cut off for the following violations:
 - a. Non-payment of water charges.
 - b. Fraudulent use of water.
 - c. Unauthorized reconnection of discontinued service.
 - d. Unlawful use of by-pass.
 - e. Existence of cross-connections.
 - f. Failure to maintain plumbing or abide by plumbing code.
 - g. Violation of regulations related to sprinkler connections.
 - h. Existence of other conditions detrimental to the water system.
 - i. Any other violations of the City Water and Sewer Ordinances and Regulations.
5. Where such cut off is made a fee of \$50.00 shall be collected before water is turned on.
6. No pumping equipment shall be connected to the system without express written consent of the Monticello Utility Commission.
7. Private use of water from fire hydrants is prohibited without prior permission from the City of Monticello.
8. Rates are determined according to the Ordinances of the City of Monticello no matter where the property is located.
9. This is a binding contract, and if any part of this contract shall be determined to be non-binding by a court of law, the remainder of this contract shall remain binding and in effect.

The undersigned is responsible for water charges incurred through the water meter at the property stated above and agrees to abide by the City of Monticello Water/Sewer Ordinances.

Signature

Date

ACCOUNT # _____

DATE _____

METER ORDER

METER READS

IN
OUT

- WATER
- SEWER
- GARBAGE
- RESIDENTIAL
- COMMERICAL

NAME _____

ADDRESS _____

OWNER _____ RENTER _____

DRIVER'S LIC. # _____ SSN # _____

HOME PHONE _____ CELL PHONE _____

E-MAIL _____ DATE OF BIRTH _____

EMPLOYER _____ PHONE # _____

SPOUSE _____ SSN # _____

DRIVER'S LIC. # _____ DATE OF BIRTH _____

EMPLOYER _____ PHONE # _____

DEPOSIT # _____ AMOUNT _____

COMMENTS
