**CITY OF ANDREW**

11 East Benton St.

P.O. Box 74

Andrew, IA 52030

Phone: (563)672-3570 Email: [andrewia@netins.net](mailto:andrewia@netins.net) Cell: (563) 221-4745

Application for Utility Service: Water, Sewer, Garbage Pick Up & Landfill

Applicant:

Name as is will appear on the account:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of Units:\_\_\_\_\_\_\_\_\_\_

Mailing address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other contact information you would like the City to have: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of Utility Service that is being provided:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date purchased the property \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Meter Reading at the date of occupancy or ownership: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Water Fee | $19.57per month | Consumption rate $3.71/1000 gallons |
| Tower fee | $5.15 per month | |
| Sewer Fee | $19.57 per month | Consumption rate $1.83/1000 gallons |
| Landfill Fee | $3.09 per month | |
| Garbage& Recycling | Residents $14.31per month Commercial Dumpsters 2yd $81.00 4 yd $101.00 per month | |

Late Fees

* Are calculated on bills not received by the 15th of each month at a rate of 10% of past due balance.

New Service

* + Requires a deposit of $100.00

Return check fee

* + $20.00

Reconnect fee

* + If disconnect for lack of payment there is a $100.00 fee to reconnect the service.

Disconnection will occur in the following way

* + A delinquent notice will be sent out after the due date stating payment is due by the 26th of the month.
  + The first business day after the 26th service will be disconnected.
  + A reconnect fee of $100.00 plus total account balance will be required to be paid for services to be restored.

I understand that this application must be returned with a $100.00 deposit.

I agree to this condition: Yes\_\_\_\_\_\_ No\_\_\_\_\_\_

\_\_\_\_\_\_By checking here I confirm that I have a garbage and recycling bin at my residence. If these bins are lost/destroyed or removed from the resident there will be a $60.00 replacement fee that will be deducted from your deposit.

**By signing below, you agree to the following:**

* I agree to abide by the ordinances and policies adopted by the City of Andrew for utilities and, if I fail to abide by the ordinances and policies that utility services may be discontinued.
* I understand the deposit made with this application will be retained by the City and should my service be disconnected for non-payment or should I leave the City’s utility service area with an outstanding balance due, my deposit will be credited to said balance.
* I understand that if utility service is disconnected the following will occur:
  + Full payment of any outstanding balance. Up to and including the date of disconnection.
  + There will be a reconnect service charge.
  + To have utility service reconnected, or to get utility service at a new location in the service area, an additional deposit equal to an estimated 2 months bill may also be required.
* I understand that unpaid account may be filed as a lien against the property.
* I understand it is my responsibility to inform the City if any of the above information changes.

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

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