



**UTILITY SERVICE  
BUSINESS APPLICATION AND AGREEMENT**

PLEASE PRINT

Name of Applicant \_\_\_\_\_ Date of Application: \_\_\_\_\_

Name of Business (DBA): \_\_\_\_\_ Position: \_\_\_\_\_  
(Owner, Partner, President etc.)

Service Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home (Cell) Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Is this address:

☐ Rental If rental, give name of the landlord \_\_\_\_\_ Phone \_\_\_\_\_

☐ Owned ☐ Other \_\_\_\_\_

Have you had service with the City of Mason before? ☐ No ☐ Yes if yes, when \_\_\_\_\_

At what address: \_\_\_\_\_

**TYPE OF TRASH SERVICE:**

**MANUAL PICK-UP** \_\_\_\_\_ **OR** **DUMPSTER** \_\_\_\_\_

**NUMBER OF PICK-UPS PER WEEK** \_\_\_\_\_ **NUMBER OF DUMPSTERS** \_\_\_\_\_

**I CERTIFY THE ABOVE INFORMATION IS CORRECT AND AGREE TO ABIDE BY THE TERM OF THE CITY OF MASON UTILITY ORDINANCE #05-293. I FURTHER CERTIFY I HAVE RECEIVED NOTIFICATION THAT THE CITY'S WATER IS IN VIOLATION OF EPA RADIUM STANDARDS.**

\_\_\_\_\_  
Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

*A deposit is required before utility service will be provided. The deposit, upon request, will be refunded or applied to the account after the utilities have been paid for 24 consecutive billings unless:*

- **service has been disconnected for non-payment of bill**
- **And/or have been two (2) or more delinquent bills.**

*Utility deposits, less the amount of the final bill, will be refunded if services are disconnected.*

**Initial** \_\_\_\_\_

*For Office Use Only*

Account No: \_\_\_\_\_ Connect Date: \_\_\_\_\_

Deposit Amount: \$ \_\_\_\_\_ Received By: \_\_\_\_\_