



## UTILITY SERVICE CONTRACT

Residential and Commercial Services  
Graysville Municipal Gas System  
Water Works Board of the City of Graysville

### OFFICE USE ONLY

ACCT/RT/SUB - \_\_\_\_\_

CUSTOMER # - \_\_\_\_\_

UTILITY CLERK - \_\_\_\_\_

I, THE APPLICANT, HEREBY REQUEST TO BE SUPPLIED WITH GAS AND/OR WATER. I AGREE TO PAY FOR SUCH IN ACCORDANCE WITH THE SCHEDULES OF RATES, RULES AND REGULATIONS FOR THE CITY OF GRAYSVILLE AND GRAYSVILLE GAS AND WATER DEPARTMENTS.

IN THE EVENT AT ANY TIME IN THE FUTURE IT IS NECESSARY TO TURN MY DELINQUENT ACCOUNT OVER TO AN ATTORNEY FOR COLLECTION, I AGREE TO PAY A REASONABLE ATTORNEY'S FEE AND ALL NECESSARY EXPENSES, IN ADDITION TO MY BALANCE, WHETHER THE ATTORNEY FILES SUIT OR NOT, AND I ALSO WAIVE MY RIGHT TO CLAIM PERSONAL PROPERTY AS EXEMPT UNDER THE CONSTITUTION AND LAWS OF THE STATE OF ALABAMA AS TO SUCH DEBT OR FEE.

I FURTHER AGREE, (1) THAT THE CITY SHALL RETAIN TITLE TO ALL METERS AND OTHER PROPERTY FURNISHED BY IT; (2) THAT I SHALL BE RESPONSIBLE FOR THE SAFE-KEEPING OF ALL PROPERTY OF THE CITY ON THE PREMISES HEREIN MENTIONED; (3) THAT I SHALL GUARANTEE FREE RIGHT OF INGRESS AND EGRESS BY THE CITY'S EMPLOYEES TO METERS, REGULATORS AND OTHER PROPERTY OF THE CITY LOCATED ON SAID PREMISES; (4) THAT I WILL KEEP IN REPAIR ALL APPLIANCES AND PIPING ON SAID PREMISES (OTHER THAN METERS AND REGULATORS MAINTAINED BY THE CITY), FIRST NOTIFYING THE CITY PRIOR TO HAVING REPAIRS MADE, AND WILL REPORT IMMEDIATELY TO THE CITY ANY LEAKS DISCOVERED; (5) THAT THE CITY SHALL NOT BE LIABLE FOR DAMAGES BECAUSE OF INTERRUPTION OF THE SUPPLY OF GAS OR WATER OR BY REASON OF FIRES, ACCIDENTS OR ANY OTHER CAUSE DUE TO OR ALLEGED TO BE DUE TO THE INSTALLATION OF THE SERVICE OR THE ESCAPE OR ACCUMULATION OF GAS OR WATER, AND I AGREE TO INDEMNIFY THE CITY AGAINST LIABILITY, LOSS OR DAMAGE BY REASON THEREOF; (6) THAT THE CITY SHALL NOT REFUND ANY PAYMENTS MADE BY APPLICANT OR PROPERTY OWNER FOR SERVICE PIPE FROM PROPERTY LINE TO METER, UNLESS COVERED BY SEPARATE AGREEMENTS; AND (7) THAT THE CITY SHALL HAVE THE RIGHT TO DISCONTINUE SERVICE WITHOUT FURTHER NOTICE IN CASE OF APPLICANT'S FAILURE TO COMPLY WITH THIS AGREEMENT OR ANY PART THEREOF. I AGREE THAT ANY UNPAID BILLS FOR GAS OR WATER SERVICE MAY BE DEDUCTED FROM MY METER DEPOSITS. A MEDIATOR MAY BE DESIGNATED BY THE CITY OF GRAYSVILLE GAS AND WATER BOARD TO SETTLE ANY DISCREPANCIES.

ACCOUNT NAME: \_\_\_\_\_ SSN OR EIN: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ DRIVER LICENSE: \_\_\_\_\_ EXP. DATE: \_\_\_\_\_

PHONE NUMBER - CELL: \_\_\_\_\_ HOME: \_\_\_\_\_

EMAIL: \_\_\_\_\_ SIGN UP FOR PAPERLESS BILLING? YES \_\_\_ NO \_\_\_

SERVICE ADDRESS: \_\_\_\_\_  
STREET ZIP

BILLING ADDRESS: \_\_\_\_\_  
(if different from above): STREET STATE ZIP

RENT \_\_\_ OWN \_\_\_ OWNERS INFORMATION: \_\_\_\_\_  
NAME PHONE NUMBER

NAME OF PERSON THAT CAN REQUEST INFORMATION ON YOUR ACCOUNT: \_\_\_\_\_

PRIOR GRAYSVILLE UTILITIES CUSTOMER? YES / NO ADDRESS: \_\_\_\_\_

EMPLOYED ? YES: \_\_\_\_\_ NO: \_\_\_\_\_ SELF EMPLOYED: \_\_\_\_\_ RETIRED: \_\_\_\_\_

EMPLOYER NAME: \_\_\_\_\_

EMPLOYER ADDRESS: \_\_\_\_\_  
STREET STATE ZIP

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_