

St. James Municipal Utilities – Service Application

Date: _____ Service Request: ON OFF Residential _____ Business _____

Service Date: _____ Service Location: _____

Billing address if different than Service Location: _____

Name: _____ DOB: _____ Drivers license # _____

Home/Cell # _____ SS # _____

Employer: _____ Work # _____

Co-app Name: _____ DOB: _____ Drivers License # _____

Home/Cell# _____ SS # _____

Co-app Employer: _____ Work # _____

Emergency Contact: _____ Phone: _____

Landlord Name: _____ Phone: _____

Business Name: _____ Phone: _____

Are you interested in Utility Bill Direct Debit Payment? YES/NO
If transferring and currently on Direct Pay, do wish to continue Direct Pay: YES/NO

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PLEASE READ THE FOLLOWING AND SIGN.

Meters are read between the 1st & 10th of the month. Bills are mailed the last working day of the month. Bills are due the 15th of the month. If not paid by the 15th a 10% penalty is added to the bill. If not paid by the disconnect day which is printed on the bill, services will be terminated. In addition to the bill due, you will be charged a \$20 fee to reconnect services. *If you leave owing a bill, and payment is not made within 60 days you will be turned to collections.*

I have read, understand and agree to the terms of the billing system.

Signature: _____ Date: _____

For Office use only New Service or Transfer Date Service to begin: _____

New Account # _____ Deposit # _____ Deposit \$ amount: _____

For Transfer Only:

Current address: _____ Date Service off: _____

New address: _____ Date Service on: _____