

Date Service Requested _____

**The Town of Byhalia Utility Office
Rental Application & Contract for Services**

Tenant Name _____

Driver License # _____ S.S. # _____

Place of Employment _____

Home Telephone # _____ Work Telephone # _____

Spouse/Other _____

Driver License # _____ S.S. # _____

Place of Employment _____

Home Telephone # _____ Work Telephone # _____

PLEASE CHECK ONE:

The undersigned and/or Spouse other has the authority to cancel, transfer, change information, and request deposit refund on this service account and will be responsible for all bills. (Signature of spouse/other is required.)

Only the undersigned has the authority to cancel, transfer, change information and request deposit refund on this service account and will assume total responsibility for all bills.

Property Service Address _____

Tenant Mailing Address _____

The undersigned requests the Town of Byhalia (hereinafter called the City) to supply service at the above mentioned location, and agrees to receive and pay for such service rendered in accordance with the rates of the City in effect at the time of service. It is agreed that the City may require, as security for payment of bills, a cash deposit of such amounts as it may deem adequate. The undersigned applicant agrees to abide by and be subject to the rules and regulations of the City relating to service rendered pursuant to this contract. The undersigned agrees to pay all collection expenses, should this account be placed with the collection agency. If placed with an attorney-at-law for collection, or has to file a lawsuit against, the undersigned will pay a reasonable attorney's fee, plus court cost in addition to the principal and any interest, which shall be added to and become part of the judgement. The undersigned agrees to allow the City and/or its authorized agents entrance onto above mentioned property to read meters, maintain and improve the system, and any other activity concerning the operation of the system. I acknowledge that I have read and understand the above.

***Bank Draft Service Available Upon Request**

Signature Date Signature Spouse/Other Date

Homeowner's Name _____

Homeowner's Address _____

(Office Use Only)

Residential Commercial Industrial Deliver trash can

Receipt # _____ Water Amt \$ _____ Meter # _____

Receipt # _____ Gas Amt \$ _____ Meter # _____

Customer Account Number _____ Work Order # _____

Clerk Receiving Application _____ Final Customer Work Order # _____

Town of Byhalia

Mayor
Phil Malone
Town Clerk
Teresa Strickland



Board of Aldermen
William Rose
Delainer Richmond
Frederick DeBardeleben IV
Joe L. Tunstall
Michael E. Hamblin

UTILITY PROCEDURES

UTILITY BILLS GO OUT BETWEEN THE 10TH-15TH OF EACH MONTH AND ARE DUE 15 DAYS AFTER BILL DATE. LATE FEES ARE APPLIED AFTER 5:00 P.M. ON THE DUE DATE. A \$50.00 ADMINISTRATIVE FEE WILL BE APPLIED 10 DAYS AFTER PENALTY DATE IF BILL HAS NOT BEEN PAID. IF YOUR UTILITIES ARE TURNED OFF, THE ENTIRE BALANCE MUST BE PAID BEFORE SERVICE WILL BE RESTORED. IF SERVICES ARE CUT OFF AND REMAIN CUT OFF FOR TWO MONTHS, YOUR ACCOUNT WILL BE CLOSED AND YOUR DEPOSIT WILL BE APPLIED TO YOUR BALANCE. YOU WILL BE REQUIRED TO PAY DOUBLE THE AMOUNT OF THE NORMAL DEPOSIT TO RE-OPEN YOUR ACCOUNT.

IF YOU HAVE A GATE THAT STAYS LOCKED, YOU WILL NEED TO MAKE ARRANGEMENTS WITH THE UTILITY CLERK TO ENSURE THAT YOUR METER IS READ PROPERLY AND IN A TIMELY MANNER EACH MONTH. WE DO NOT REQUIRE OUR METER READERS TO ENTER FENCED IN PROPERTY WITH ANIMALS, SO ARRANGEMENTS WILL NEED TO BE MADE FOR THIS ALSO. IF ARRANGEMENTS ARE NOT MADE FOR THESE TWO SITUATIONS, YOUR BILL WILL BE ESTIMATED. IF ESTIMATE IS LOWER THAN THE ACTUAL READING, YOU WILL BE REQUIRED TO PAY THE BALANCE.

METER TAMPERING IS A \$500.00 FINE

IF YOU SMELL GAS AT ANY TIME, PLEASE CONTACT THE TOWN HALL IMMEDIATELY AT 662-838-2135. ON HOLIDAYS, WEEKENDS, OR AFTER 5:00 P.M., PLEASE CALL THE POLICE DEPARTMENT AT 662-838-6000.

THE TOWN OF BYHALIA MAY CHANGE THESE PROCEDURES AT ANY TIME.

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT THE UTILITY DEPARTMENT.

I HAVE READ AND UNDERSTAND THE PROCEDURES LISTED ABOVE.

CUSTOMER SIGNATURE

SPOUSE OR OTHER SIGNATURE

Town of Byhalia

Mayor
Phil Malone
Town Clerk
Teresa Strickland



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CUSTOMER'S NOTIFICATION

IN COMPLIANCE WITH THE DEPARTMENT OF TRANSPORTATION, PIPELINE SAFETY REGULATIONS, PART 192.16, CUSTOMER-OWNED SERVICE LINES, CUSTOMER NOTIFICATION, THE TOWN OF BYHALIA GAS DEPARTMENT ISSUES THE FOLLOWING NOTICE:

1. THE TOWN OF BYHALIA GAS DEPARTMENT DOES NOT MAINTAIN CUSTOMER PIPING BEYOND THE NATURAL GAS METER.
2. IF THE CUSTOMER'S PIPING IS NOT MAINTAINED, IT MAY BE SUBJECT TO POTENTIAL HAZARDS OF CORROSION AND LEAKAGE.
3. CUSTOMER'S BURIED GAS PIPING BEYOND THE NATURAL GAS METER SHOULD BE PERIODICALLY INSPECTED FOR LEAKS; PERIDOICALLY INSPECTED FOR CORROSION IF THE PIPING IS METALLIC; AND REPAIRED IF ANY UNSAFE CONDITION IS DISCOVERED.
4. WHEN EXCAVATING NEAR BURIED GAS PIPING, THE PIPING SHOULD BE LOCATED TWO (2) WORKING DAYS IN ADVANCE AND THE EXCAVATION DONE BY HAND.
5. LOCAL PLUMBERS AND HEATING CONTRACTORS CAN ASSIST IN LOCATING, INSPECTING, AND REPAIRING THE CUSTOMER'S BURIED PIPING.

IF YOU, THE CUSTOMER, HAVE ANY QUESTIONS PERTAINING TO THIS NOTICE, PLEASE FEEL FREE TO CALL THE TOWN OF BYHALIA GAS DEPARTMENT AT 662-838-2135, MONDAY-FRIDAY, 8:00 A.M.-5:00 P.M. **IF YOU HAVE AN EMERGENCY AFTER REGULAR OFFICE HOURS, PLEASE CALL 662-838-6000 AND SOMEONE WILL BE DISPATCHED TO HELP YOU.** AS ALWAYS, OUR GOAL IS TO PROVIDE THE VERY BEST SERVICE POSSIBLE FOR THE LOWEST COST.

I HAVE READ AND RECEIVED A COPY OF THE CUSTOMER'S NOTIFICATION FORM.

CUSTOMER SIGNATURE

SPOUSE OR OTHER SIGNATURE