BILL DUE DATES:

Utility bills are mailed out monthly, the first of every month. Payment is due in house by the 15th of each month. There is a drop box located in the entry way of City Hall that is available, 24 hours a day, to drop off payment or ACH options available upon request.

BUSINESS WATER SERVICE AGREEMENT

Business Name:		Account #:	
Address of Service:			
Tax ID #:			
Contact Person:			
Billing Address:			
Phone #:			
Fax #:		Deposit Required:	$100.00
Email Address:			

WE ARE NOT RESPONSIBLE FOR THE U.S. MAIL DELIVERY. FAILURE TO RECEIVE BILL DOES NOT EXCUSE PAYMENT.

INFORMATION REGARDING FEES, DISCONNECTION AND COLLECTION PROCESSES FEES:

Late Fee: $10.00 (anything received after the 15th of the month)
Reconnection Fee of water service following disconnection due to nonpayment:
Before 3:30 pm: $25
After 3:00 p.m.: $50
Returned Check/ACH: $30.00
If two or more checks are dishonored within a six month period, the utility shall require future payments to be by cash or cashier's check.

I hereby apply for water services, for the premises listed above, pursuant to the rules and regulations of the City of Clarion. I agree to pay all bills rendered by the City of Clarion until I give written/verbal notice to the City of Clarion to discontinue said utility services. The above referenced deposit is intended to guarantee payment of bills as required for water service connection. I understand that this deposit will be applied to my account upon termination of services. If the deposit is less than my final bill, I will pay the balance due. If the deposit is more than my final bill, the City of Clarion will refund the credit balance with in the last billing cycle.

Upon termination/disconnection of services you will have 30 days from last billing cycle to pay final bill. If payment is not received in full upon the end of the 30 days you will receive notification that within 10 days your account will be turned over to the State of Iowa's Offset Program AND Noll Collection Service.

ACKNOWLEDGEMENT TO UNDERSTANDING OF DOCUMENT	
Customer Signature:	Date: