



*City of Libby*

952 E. SPRUCE | POST OFFICE BOX 1428

LIBBY, MT. 59923 | Phone 406-293-2731 | Fax 406-293-4090 | Website: [www.cityoflibby.org](http://www.cityoflibby.org)

## Water/Sewer Service Deposit Form

**In Agreement:** A deposit of **\$150** is required for **NEW** water service. The deposit will be placed in a non-interest bearing account. If the customer is the property owner, the deposit will be refunded to the customer after one (1) year of credible service or at such time as they move and all charges are cleared on the account. If the customer is renting, the property deposit will be refunded provided that (1) the service has been kept credible, and 2) at the time of vacate all charges are cleared from account. The undersigned agrees to pay for all utilities in accordance with the City of Libby policies. A Past-Due Notice will be mailed after the 26<sup>th</sup> of the month, at which time a \$10 Late Fee will be added to the account. If Service is shut off for non-payment, the Past-Due Balance **MUST** be paid **IN FULL** and a disconnect/reconnection fee of \$50 must be paid before service will be reinstated. Interest of 1.5% is charged on any unpaid balance after the due date. Past due water & sewer bills will be put into a tax lien.

Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Employer: \_\_\_\_\_ City: \_\_\_\_\_ St/Zip: \_\_\_\_\_

Employer Address: \_\_\_\_\_ Phone: \_\_\_\_\_

☐ Owner ☐ Renter Landlord Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Nearest Relative NOT Living With you: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

The Property Owner(s) of the premises stated above are responsible for the payment of the ☐ Water ☐ Sewer use and debt service charges for the above said premises. City of Libby Ordinance #1343, Rule 6, Paragraph 6: "I (we) give permission to have the ☐ Water ☐ Sewer bill for the above premises sent to the above renter at the mailing address listed. In the event of non-payment of charges for ☐ Water ☐ Sewer benefits to any premises, the Governing Body may direct the supply of ☐ Water ☐ Sewer to such premises to be disconnected until such charges are paid in full.

The effective date for this change is \_\_\_\_\_ ☐ In ☐ Out

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Beginning / Ending Read: \_\_\_\_\_

Updated September 2016

Old Customer Name: \_\_\_\_\_ Entered: \_\_\_\_\_