



# The City of Paris

"THOROUGHBRED CAPITAL OF THE WORLD"

525 HIGH STREET  
PARIS, KENTUCKY 40361

PHONE (859) 987-2110  
FAX (859) 987-4640  
TDD (859) 987-2100

## NEW ACCOUNT APPLICATION

All new account requests must be presented with proof of ownership, a lease, or a rental agreement.

**Please Circle One:** Residential Owner   Residential Tenant

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

DRIVER'S LICENSE NO: \_\_\_\_\_ SOCIAL SECURITY: \_\_\_\_\_

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

DRIVER'S LICENSE NO: \_\_\_\_\_ SOCIAL SECURITY: \_\_\_\_\_

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

DRIVER'S LICENSE NO: \_\_\_\_\_ SOCIAL SECURITY: \_\_\_\_\_

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

DRIVER'S LICENSE NO: \_\_\_\_\_ SOCIAL SECURITY: \_\_\_\_\_

PHONE: \_\_\_\_\_ TURN ON DATE: \_\_\_\_\_

SERVICE ADDRESS \_\_\_\_\_

IF TRANSFERRING, WHAT IS THE CURRENT ADDRESS: \_\_\_\_\_

### **Deposit Information**

To guarantee payment for water, sewer and/or electric services, a deposit must be paid before services can be initiated. After 24 months of uninterrupted service and you have a good credit standing with the City of Paris, a deposit refund (plus interest) will be applied to your account. If you terminate your service before the 24 months have accrued, the deposit will be applied to your final bill.

### **Customer Contract**

1. I hereby request and authorize City of Paris Combined Utilities to supply water, sewer, sanitation, and/or electric service to the above described property until receipt of formal notice from me requesting discontinuance of such.
2. I agree to promptly pay for said utility services. Payments are due by the 15th of the month, for payments made after the 15th a penalty fee is applied. Nonpayment by the 26th will result in cut off of utilities and a \$30 reconnect fee will apply. Return check fee is \$50.
3. I understand and agree that failure to pay can/will result in services being disconnected and not reconnected until such payment has been received.

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date

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### **OFFICE USE ONLY**

Account Number: \_\_\_\_\_

Deposit Amount: \_\_\_\_\_

Cash, Check or Auth No. \_\_\_\_\_

Deposit Slip No: \_\_\_\_\_

Utilities Clerk: \_\_\_\_\_

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