

CUSTOMER AGREEMENT FORM

DATE: _____

ACCOUNT NUMBER _____ **ACCOUNT BALANCE** _____

CUSTOMER NAME _____ **PHONE NUMBER** _____

SERVICE ADDRESS _____ **MTN HOME, ID. 83647**

I AGREE TO PAY \$ _____ **TO MY UTILITY ACCOUNT ON** _____, **20**__

IF PAYMENT IS NOT RECEIVED BY CLOSING OF THE ABOVE DATE DISRUPTION OF SERVICES WILL OCCUR THE FOLLOWING DAY.

CITY HALL MUST BE NOTIFIED IN PERSON OF ANY CHANGES TO THIS AGREEMENT PRIOR TO THE SCHEDULED PAYMENT DATE.

ADDITIONAL COMMENTS _____

CUSTOMER SIGNATURE _____ **DATE** _____

WATER CLERK SIGNATURE _____ **DATE** _____