



CITY OF HAMPTON

Today's Date: _____

NEW UTILITY SERVICES APPLICATION AND AGREEMENT

Please provide proof of ownership (i.e.. deed, lease, rental agreement), a valid photo ID, Letter of Credit (not required) and have your deposit ready.

*****This form MUST be completed in its entirety.*****

APPLICANT: PROPERTY OWNER TENANT MANAGEMENT COMPANY

(Please Check)

Is this a Landlord Account? Yes No

If renting, please provide the following information:

Landlord Name: _____ Landlord Phone #: _____

APPLICANT INFORMATION (Co-Applicant Information on back page)

Service Request Date: _____ Drivers License #: _____ DOB: ____ / ____ / ____

Customer Name: _____ Last 4 of SS #: _____

Email Address: _____ Phone #: _____

Service Address: _____

Mailing Address: _____

(Only if different from above)

Employer's Name: _____ Phone #: _____

GARBAGE ADD-ONS

Weekly garbage pickup is \$14.00 per month.

Please select:

Optional extra garbage Can (95 gallon) is \$8.00 per month. Yes No

Optional biweekly recycling rate is \$6.75 per month. Yes No

Please see New Customer Packet for your specific garbage pick up day and information.

Leak Protection Program ***Water/Sewage Residents only***

The cost is an additional \$2.00 a month (subject to change at any time)

If there is a leak on the customers side, the city will do a one time a year 6-month adjustment on water and sewage. If the customer does not have leak protection the customer will be responsible for any water and sewer charges used at that time. See additional form for details.

Yes, I would like to sign up for the Leak Protection Program: _____

No, I would not like to sign up for the Leak Protection Program: _____

PLEASE CONTINUE 

NEW UTILITY SERVICES AGREEMENT

Release of Liability : Before the City of Hampton can turn on electricity and/or water, please make sure all water connections and electrical connections are turned OFF.

Initials: _____

I understand that my bill is due by the 4th of each month and a late fee of 10% is applied on the 5th of each month (If the 4th falls on a holiday or weekend, I am still responsible for payment before late fees are added the next business day). Accounts are considered delinquent on the 10th of each month and will be disconnected. A \$25.00 disconnect and a \$25.00 reconnect fee will be applied to the account. Service will be reinstated once all outstanding bills and fees are paid.

When I move, I will notify the City of Hampton as soon as possible. I will complete the City's disconnect form and have my final bill sent to my forwarding address. I will be responsible and billed for any services used since the last billing cycle. I agree to pay the billed balance within 45 days or I will be sent to collections.

I agree to abide by the rules and regulations of The City of Hampton's Electric, Water, Sewage, and Garbage Department (found in the New Resident Information Packet). I also confirm that a New Resident Information Packet was received and by signing below I confirm that the information stated on this application is true and correct.

APPLICANT SIGNATURE: _____

CO-APPLICANT INFORMATION (OPTIONAL)

A co-applicant is another person whose name is on the bill. They also have access to the account and all of the account information.*

CO-APPLICANT SIGNATURE: _____

CO-APPLICANT NAME (Print): _____

Last 4 of SS #: _____ Drivers License #: _____ DOB: ____ / ____ / ____

Email Address: _____ Phone #: _____