

City of Meriden
103 E Main Street
PO Box 262
Meriden, Ks 66512
www.meridenks.com

Phone (785) 484-3450

Fax (785) 484-3707

Contract for Utility Services

THIS AGREEMENT, entered into as of the dates below written, is between the City of Meriden, Kansas ("City") and _____ ("Owner")

With the physical address of _____

Billing Address, if different than above _____

Owner of real estate served by the City Utility Services. WHEREAS, Owner desires said real estate to continue to be served by City Utility Services, subject to City Ordinances; and WHEREAS, City desires to continue to provide City Utilities to said real estate, subject to City Ordinance.

NOW, THEREFORE, in consideration of their mutual promises, the parties agree as follows:

1. City shall provide sewer and/or trash services to the listed real estate in a reasonable fashion and shall provide regular billings for such service to the OWNER.
2. Owner shall timely pay City the fees for such services and shall comply with all applicable ordinances, regulations and policies.
3. **You qualify for senior citizen trash rate if you are 62 years of age or older.** Please come to City Hall to make a copy of your I.D.

4. **Residential Sewer Rate \$45.54 Trash Rate \$16.00 Senior Citizen Trash Rate \$12.95**
Commercial Rate \$ _____ Dumpster Rate \$ _____ Extra Poly Cart \$ _____

Billing will begin on closing date of real estate _____

Cell or Home# _____ Email _____

D.L. # _____ Place of Employment _____

Work # _____ S.S. # _____

PET INFORMATION

Dog Owner _____ Yes _____ No _____

Breed _____ Pet's Name _____

Breed _____ Pet's Name _____

All dogs are required to be licensed with the City of Meriden within 1 month after you move in or acquiring a dog. Please bring proof of rabies vaccination to the City office to license your dog(s).

TRASH SERVICE IS EVERY WEDNESDAY BEGINNING AT 7:00 AM

Holidays are as follows: New Year's Day, Martin Luther King Jr. Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day and Christmas. Pick up will be one day following said holiday.

PLEASE COMPLETE SIGN AND RETURN THIS FORM TO CITY HALL

_____ **DATE** _____