



# CITY OF LEOTI

Council Meeting  
1<sup>st</sup> & 3<sup>rd</sup> Monday – 6:30 P.M.

## CITY OF LEOTI SNOWBIRD BILLING REQUEST FORM

**At the time of requested service restoration, the customer will be charged a non-refundable reconnection fee of \$20.00**

### Account Information

Departure Date: \_\_\_\_\_ Anticipated Return Date: \_\_\_\_\_

Property Address:	Mailing Address:
Applicant's Name:	Applicant's Social Security Number:
Co-Applicant's Name:	Co-Applicant's Social Security Number:
Phone Number:	Alternate Phone Number:
E-Mail: _____ Alternate E-Mail _____	

### Emergency Contact ( Someone in the immediate area with access to the home during absence)

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Phone Number \_\_\_\_\_ E-Mail Address \_\_\_\_\_

### **Sec. 30-205. - Temporary disconnection.**

In the event that a utility account holder wishes to temporarily disconnect city utility services for a period of more than two months for travel, vacation, health, and so forth, or because the account holder maintains a connection only for contingent purposes against well failure, the account holder may request a temporary disconnection. In such cases, service will be disconnected for a period of more than two months and less than six months and the customer account(s) will not be closed and instead held temporarily inactive until such time the utility account holder requests that service be restored. Requests for service restoration must be received during regular office hours. At that time of requested restoration, the customer will be charged a reconnection fee of \$20.00. Granting of such temporary disconnections will be at the sole discretion of the city provided the utility account has been in good standing for the prior 12 months.

(Ord. No. 2014-07, § 29, 2-18-2014)

**I understand that within 3 days of my return, I must contact City of Leoti Utility Billing in order to schedule a date and time to have services restored and to resume billing. Service will not be restored afterhours, on weekends or holidays.**

**Please plan accordingly.**

**I am aware that the City of Leoti will not be responsible for any damage resulting from frozen or broken pipes during my absence.**

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Co-Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_