



City of Kenmare
5 3rd St NE
PO Box 816
Kenmare, ND 58746
701-385-4232

City of Kenmare Utility Agreement

Name of Responsible Individual: _____

Street Address of Residence: _____

Move in Date: _____

____ I am the owner of this residence ____ I am in a 'Contract for Deed' for this residence

____ I am renting this residence

If renting or 'Contract for Deed', name of Landlord/Owner _____

*Renters Water Deposit: All renters must pay a **\$165 renter deposit** due upon assuming city provided utility services. Upon moving out, the deposit will either be returned or applied to any outstanding balance on the account.*

Mailing Address (if different than street address): _____

Phone number: _____

Email Address: _____

____ I request a second tote for garbage service for a fee of \$6 per month.

Current Meter Reading: _____

I agree that I am the responsible individual for the City of Kenmare utility (water, sewer & garbage) account. I understand payment for service is due and payable before the last business day of each month. Payments received after the last business day of the month are subject to a \$10 late fee. Delinquent accounts will have their water service turned off and will be subject to a reconnect fee.

Account Holder

Date

Joint Account Holder

Date

____ Initials of City employee taking application