## City of Mabel Utility Rates

#### **Electric**

A. Residential and Commercial Rates (Non-Summer)

1. Monthly Service Charge \$15.00

2. All KWH \$.1089 per KWH

B. Residential and Commercial Rates (Summer: June, July, August)

1. Monthly Service Charge \$15.00

2. All KWH \$.1173 per KWH

C. Dual Fuel Rates (Non-Summer)

1. Monthly Service Charge \$10.00

2. All KWH \$.0816 per KWH

D. Dual Fuel Rates (Summer: June, July, August)

1. Monthly Service Charge \$10.00

2. All KWH \$.090 per KWH

#### Water

A. Metered Residential and Commercial Rates

Monthly Service Charge \$12.00
 Per Thousand Gallons Used \$7.25

**B. Non-Metered** 

1. Monthly Flat Fee \$20.00

#### Sewer

A. Metered Residential and Commercial Rates

Monthly Service Charge \$28.00
 Per Thousand Gallons Used \$8.68

**B. Non-Metered** 

1. Monthly Flat Fee \$35.00

### Recycling

1. Small Tote (32 Gallons) \$16.22/Month 2. Medium Tote (64 Gallons) \$17.91/Month 3. Large Tote (96 Gallons) \$19.61/Month

# **Application for Utility Service**

Previous City of	Mabel customer If yes, when _	
Owner	Renter Residential C	Commercial
Name(s) to be lis	ited on account (Note: only people listed below w	vill have access to account information)
First	Last	Middle Initial
First	Last	Middle Initial
First	Last	Middle Initial
Name of busines	S (if applicable)	
If rental property	y, owner's name	
Physical Address	(house number and street name)	
P.O. Box (if applical	ole) Mailing address (if differ	rent)
	City	State Zip Code
Contact inform	ation	
		Home Phone
Work Phone	Email	
Name	Cell Phone	Home Phone
Work Phone	Email	
Name	Cell Phone	Home Phone
Work Phone	Email	
Service start date	e	
Would like inform	mation about the monthly automatic pay	vment plan

OWNER'S NOTICE: Unpaid utility bills may become a lien against your property. If you are buying a property you should ensure the final utility bill – in the name of the prior owner – is paid or it may appear as a special assessment on your property tax statement.

#### Acknowledgement

I (we) agree to supply the City of Mabel with my (our) forwarding address and final utility account payment with 10 days of the final bill.

I (we) understand payment for utility services is required **IN FULL** by the due date printed on my (our) monthly utility bill. Delinquent accounts not paid in full by 3 p.m. 10 calendar days following a monthly due date will be charged a 10% late fee, which will be compounded monthly.

I (we) understand my (our) service may be disconnected for non-payment and agree to pay a \$35.00 reconnect fee for each utility service.

CERTIFICATION: The applicant agrees to: comply with the rules and regulations of the City of Mabel Public Utilities and all other municipal ordinances as they pertain to the public utilities currently in force and hereinafter enacted; understands the delivery of service creates no legal liability, express or implied, on the municipality; and certifies all information in this application is accurate.

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant's signature	Date	
Applicant Data Record		
Please provide the following information so the City of Mabel will be in compliance with Title VI of The Civil Rights Act of 1964. In order to meet the requires of the Federal Register Vol. 62 No. 210, Revision to the Standards for th Classification of Federal Data on Race Ethnicity, all application forms for city utility connections must include below the signature and date black the following disclosure statements.		
laws prohibiting discrimination against applicants seek	·	
Please check all that apply:		
Racial Categories  American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Pacific Islander White	Ethnic Categories Hispanic or Latino Not Hispanic or Latino	
In accordance with Federal Law and the U.S. Departme	ent of Agriculture Policy, the City of Mabel is prohibited from	

discriminating on the bases on race, color, national origin, sex, disability, religion and familial status. If you feel you have been discriminated against: to file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue SW, Washington DC, 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TTD).