

City of Mabel Utility Rates

Electric

A. Residential Rates

- | | |
|---------------------------|-----------------|
| 1. Monthly Service Charge | \$20.00 |
| 2. All KWH | \$.1173 per KWH |

B. Commercial Rates

- | | |
|---------------------------|-----------------|
| 1. Monthly Service Charge | \$28.00 |
| 2. All KWH | \$.1173 per KWH |

C. Dual Fuel Rates

- | | |
|---------------------------|----------------|
| 1. Monthly Service Charge | \$11.00 |
| 2. All KWH | \$.090 per KWH |

Water

A. Metered Residential and Commercial Rates

- | | |
|------------------------------|---------|
| 1. Monthly Service Charge | \$12.00 |
| 2. Per Thousand Gallons Used | \$7.25 |

B. Non-Metered

- | | |
|---------------------|---------|
| 1. Monthly Flat Fee | \$20.00 |
|---------------------|---------|

Sewer

A. Metered Residential and Commercial Rates

- | | |
|------------------------------|---------|
| 1. Monthly Service Charge | \$28.00 |
| 2. 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 |

Effective September 1, 2025

Application for Utility Service

Previous City of Mabel customer _____ If yes, when _____

Owner _____ Renter _____ Residential _____ Commercial _____

Name(s) to be listed on account (*Note: only people listed below will have access to account information*)

First _____ Last _____ Middle Initial _____

First _____ Last _____ Middle Initial _____

First _____ Last _____ Middle Initial _____

Name of business (*if applicable*) _____

If rental property, owner's name _____

Physical Address (*house number and street name*) _____

P.O. Box (*if applicable*) _____ Mailing address (*if different*) _____

City _____ State _____ Zip Code _____

Contact information

Name _____ Cell Phone _____ Home Phone _____

Work Phone _____ Email _____

Name _____ Cell Phone _____ Home Phone _____

Work Phone _____ Email _____

Name _____ Cell Phone _____ Home Phone _____

Work Phone _____ Email _____

Service start date _____

Would like information about the monthly automatic payment 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 the 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.

The following information is required by the Federal Government in order to monitor compliance with the federal laws prohibiting discrimination against applicants seeking to participate in this program. You are not required to furnish this, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note race/national origin of individual applicants on the basis of visual observation or surname.

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. Department 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).

The City of Mabel is an equal opportunity provider and employer.