



CITY OF FOUNTAIN UTILITIES

101 North Main Street
Fountain, CO 80817
(719) 322-2010

City of Fountain Utilities Continuous Service Agreement (CSA)

_____ (Company/Owner) hereby authorizes the City of Fountain Utilities to automatically put City of Fountain Utilities into our name _____ (Company/Owner) (to avoid disconnection of service) **whenever a tenant orders a final reading.**

We accept responsibility for all interim bills until a new tenant has contacted us and met all requirements to begin accepting City of Fountain utility service. We further understand that if we fail to notify Customer Service at least one business day prior via email at customerservice@fountainutilities.org that we want services out of our name, we will remain responsible for paying all utility bills at the address in question until Customer Service receives such notification.

If I am not the owner, I certify that I have the authority to enter into this agreement on behalf of _____ (Company/Owner) and that this agreement will remain in effect until the company above notifies City of Fountain Utilities via email at customerservice@fountaincolorado.org that we wish to discontinue this agreement or there is a change in ownership. We also understand that City of Fountain Utilities has the right to discontinue this agreement if the company above fails to pay the interim billings by the due date or if City of Fountain Utilities discontinues this program.

This agreement will remain in effect, but services will not be turned on when accounts are subject to disconnection for non-payment of utility bills. Accounts shut off for non-payment require payment prior to reconnection. However, a bill without consumption will be generated until the company/owner contacts us. _____ Initial

I understand I am responsible for all utility bills while the account is in my name and when, Ordinance No 1712/Section 13.20.401 is in effect. _____ Initial

This agreement applies to the following addresses. (List additional addresses on a separate sheet)

Address	Apartment Numbers
_____	_____
_____	_____

Signature _____ Date _____ Contact Phone# _____

Your Name (Print or Type): _____

Name to be used on the utility billing: _____

Mailing address for utility billing: _____

Your relationship to property: (owner, agent, manager, etc.) _____

PLEASE NOTE: This agreement will remain in force until my company notifies Fountain Utilities by email or Fountain discontinues this agreement if not paid by the due date or the program is discontinued. Ordinance NO 1712/13.20.401 Accounts states: (a) Customers warrant that they have no unpaid charges and that they will not permit unpaid charges to accrue for service to the premises or for services to other properties. For this subsection "customer" does not include a person solely because the person is the owner. (b) The owner becomes the account holder when the account holder ceases to be the account holder or cannot reasonably be located.