

# *CITY OF MARIONVILLE*

*Identity Theft Prevention Program*

*Sewer Billing*

*Policies and Regulations*

*Inception May 1, 2009*

**City of Marionville, Missouri**  
**City of Marionville Administrative Policies and Regulations**

**Application for Service**

Each applicant for new or transferring of services shall provide a completed application with current information. Customers will be required to supply the following:

- legal name
- mailing address
- previous address
- telephone numbers
- place of employment (including address and telephone number)
- picture identification (preferably a valid driver's license)
- a title or a lease (or a notarized letter from the property owner indicating the applicant is the primary resident of the property for which services are being applied for)
- any additional information as required on the application of services
- A deposit of \$150.00 for renters/\$100.00 for home owners must be paid at time of application

**The City maintains the right to refuse services to any individual or business if applicant has any past due bills. It is the responsibility of each customer to provide revised application information as such information becomes available.**

**Utility Billing and Due Dates**

Monthly service charges for sewer services are as follows:

Base Rate: \$15.00 per month

Water Usage: \$6.20 for each 1,000 gallons of water used - determined by Empire meter readings.

Residential customers are billed a 3 month average.

Commercial customers are billed on "actual" usage per month.

Customers outside the City limits shall be billed Twenty-Two Dollars and Fifteen Cents (\$22.15) base and Five Dollars and Seventy Cents (\$6.20) for every thousand gallons of water used.

The City of Marionville has the authority to establish rates and charges for sewer service supplied by the Waste Water Treatment Plant and the rates are subject to change at any time that the Board of Aldermen deems advisable.

**Payments for Services.**

Bills go out on or about the 15<sup>th</sup> of every month.

Bills are due and payable by 5:00p.m the 28<sup>th</sup> day of the same month.

It is the individual's responsibility to see that bills are paid no later than the 28<sup>th</sup> of each month.

Failure to receive your bill is no excuse for non payment. You may come into City Hall to inquire about your bill from 9 – 3pm Mon. –Fri. or by phone Mon. thru Fri. from 8-5pm .

A 10% penalty will be applied after the due date. An additional 10% is added each month the account is past due. Once the bill is 30 days past due disconnection of water service will take place, the following fees will be applied to the account and become the customer's responsibility:

**Notice to Empire           \$8.00**

**Trip Fee                   \$40.00 (This fee will be applied when the City arrives at the premise to disconnect)**

**Disconnect Fee           \$60.00**

**Total if disconnected \$108.00 (Plus original amount owed on account, service will not be re connected until paid in full)**

A sewer payment drop box is located on the southeast corner of the building for the convenience of making payments after hours.

#### **Delinquent Payments.**

A sticker may be placed on the billing card stating when disconnection of your water service will be if not paid by date on the card. If payment is not received by said date Empire is called in to disconnect, a notification fee of \$8.00, and a trip fee of \$40 will be charged to the account. If service is disconnected, a reconnect charge of \$60.00 will be added to the account for a total of \$108.00 in addition to your regular bill. Service will not be turned back on until the full amount owed is paid.

#### **Pay Arrangements.**

If you experience difficulty making a payment you may come into City Hall to arrange for a written pay agreement with the City. If the pay arrangement is granted please understand that if you should default on the payment as agreed, the City of Marionville and Empire Electric will discontinue water service immediately and service will not be restored until the balance is paid in full plus any reconnect fees. If you should default on said agreement the City of Marionville will not allow another deferred payment agreement during the calendar year. At such a time, the resident is in arrears on current payments the City has the right to immediately terminate service. All subsequent billings are payable when due.

When an agreement can not be made or met, the account will be turned over to the City Attorney for prosecution in the Circuit Court of Lawrence County.

**City of Marionville**  
107 S Central  
P.O. Box 410  
Marionville, MO 65705  
417-258-2466

**APPLICATION FOR SEWER SERVICES**

**\*\*\*\*\* A COPY OF A CURRENT DRIVER'S LICENSE IS REQUIRED \*\*\*\*\***

Address Moving To:

\_\_\_\_\_ Marionville, Missouri

Mailing address if different: \_\_\_\_\_ OWN: \_\_\_\_\_ RENT: \_\_\_\_\_ LANDLORD:

\_\_\_\_\_ PHONE \_\_\_\_\_ Move in Date: \_\_\_\_\_

Address moving from: \_\_\_\_\_  
(Street, City, State, Zip)

Name You Will Want On Your Utility Bill: \_\_\_\_\_ S.S.# \_\_\_\_\_

Birth Date: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
(Name, City, State, Zip)

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Spouse's Name: \_\_\_\_\_ S.S.# \_\_\_\_\_

Birth Date: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
(Name, City, State, Zip)

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**Other Adults Living in Your Household:    Total in adults in household: \_\_\_\_\_    Total # of children \_\_\_\_\_**

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
(Name, City, State, Zip)

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Phone: \_\_\_\_\_  
(Name, City, State, Zip)

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## ADULTS LIVING IN THE HOUSEHOLD

Have you or anyone in the household had utility service with the City of Marionville before? \_\_\_\_\_ Yes \_\_\_\_\_ No

In What Name(s)? \_\_\_\_\_

What Dates? \_\_\_\_\_

Did we give you a privacy policy form along with the application? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Initials

**\*I have read the above information. I understand and accept the terms. I understand my acceptance is inducement for the City of Marionville, Missouri to furnish me sewer services.**

**\*I further agree that I will not allow illegal aliens to reside in this household, and I understand that my doing so could result in termination of my account in addition to criminal penalties.**

**Applicants Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**City Clerk's Signature:** \_\_\_\_\_

# **City of Marionville, Missouri Privacy Policy**

The following is an administrative policy and procedure guide to protect the privacy of the citizens of the City of Marionville.

Information of a personal, confidential, private or proprietary nature including, but not limited to, household and family relations, dates of birth, and other information which reasonable persons generally regard as private will not be disseminated in any form, including written or verbal, to the general public and or city employees, except those employees who require this information to conduct normal city business. This information will be secured under lock and key.

**Customer Authorization To Release Information  
And Conduct Account Activity**

The Customer Authorization to Release Information and Conduct Account Activity form permits account holders to delegate full access of accounts to authorized parties. The customer of record may permit an authorized party to receive information or transact business on his/her behalf and whether the authorization is being provided on a one-time basis or on a longer-term basis. This form must be completed in its entirety and signed by the customer of record. It is the City of Marionville's desire to permit authorized parties to transact necessary business in a manner without jeopardizing the confidential nature of the customer of record.

Completed forms should be returned to: City of Marionville  
107 S Central  
PO Box 410  
Marionville, MO 65705

Please keep a copy of the completed authorization form(s) for your records.

Upon receipt and review of the completed form, the designated account(s) will be noted with the appropriate authorization provided. This form is to be utilized for the granting of authorization only, and the authorized party is responsible for contacting the City of Marionville to request any information or complete any transaction.

I, \_\_\_\_\_, \_\_\_\_\_  
Name Title (If applicable)  
of \_\_\_\_\_, at \_\_\_\_\_,  
Business Name Contact Telephone Number  
and have the mailing address \_\_\_\_\_  
Address City State Zip  
do hereby authorize and appoint \_\_\_\_\_  
Name of Authorized Person  
S.S.# \_\_\_\_\_, of \_\_\_\_\_,  
Title/Relation to Customer of Record Company Name  
at \_\_\_\_\_, and having the mailing address  
Contact Telephone Number  
\_\_\_\_\_  
Mailing Address City State Zip

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This authorization shall continue on the following basis (check one box only):

If no time period is specified, the authorization will be honored as having no expiration date.)

     One time (limited to a one-time request for information and/or acts or functions specified at the time of the receipt of authorization.)

     One year (Requests for information and/or for acts or functions specified will be accepted and processed each time requested within the 12-month period from the date of signing of this authorization).

     Expiration date of \_\_\_\_\_ (Request for information and/or for acts or functions specified will be accepted and processed each time requested within the date of signing of this authorization and for the specified period.)

     No expiration date (Request for information and/or for acts or functions specified will be accepted and processed each time requested within the date of signing of this authorization and until terminated by the customer or authorized party).

\* Billings and correspondence will be sent to the address listed for the authorized party.

I understand that by reason of this authorization, the named appointee may conduct the designated activity and transactions on the account(s) that I as customer of record may direct or perform even though I remain responsible for all payment and other service obligations. This authorization shall continue in effect until the date specified unless earlier terminated by customer of record.

City of Marionville Release: customer of record hereby releases the City of Marionville, its employees, officers and agents and assigns from any and all liability associated with the dissemination and use of such utility account information and authorization.

\_\_\_\_\_  
Print Customer Name

\_\_\_\_\_  
Customer Signature

Executed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Month Year