



Authorization to Reactivate Accounts

I, the undersigned, hereby grant permission to the City of Yukon ("the City") to reactivate my account(s) associated with the identifiers listed below upon termination of services by the tenant(s). This authorization is subject to the terms and conditions outlined in this document.

Account Information

- **Name on Account:** _____
- **Account Number:** _____
- **Phone Number:** _____

Acknowledgment and Agreement

1. I confirm that I am the rightful owner of the account(s) specified above.
2. I understand a deposit must be held on the account(s) specified above.
3. I agree to complete all necessary procedures, including the payment of any outstanding balances, to reinstate my account(s).
4. I acknowledge that reactivation of the account(s) will be subject to the City's policies and any applicable terms and conditions.
5. I understand and accept any fees, charges, or obligations that may result from the reactivation of the account(s).
6. I agree that this authorization will remain in effect until revoked in writing or upon termination of the agreement, whichever occurs first. Revocation will not affect any actions taken by the City prior to receiving such notice.

Signature

By signing below, I confirm that I have read and understood the terms of this authorization and agree to them.

Signature: _____

Printed Name: _____

Date: _____