

MPUA Mutual Aid Program Agreement

Name of Utility: _____

Address: _____

City, State & Zip Code: _____

Utility Contact: _____

Power Plant Operator: _____

Telephone #: _____

24-Hour #: _____

Cellular Phone #: _____

Facsimile #: _____

Other Phone #: _____

For emergency assistance from our utility, contact the following employees in the order listed:

1.	_____	_____	_____	_____
	Employee Name	Home Phone	Office Phone	Cellular Phone
2.	_____	_____	_____	_____
	Employee Name	Home Phone	Office Phone	Cellular Phone
3.	_____	_____	_____	_____
	Employee Name	Home Phone	Office Phone	Cellular Phone
4.	_____	_____	_____	_____
	Employee Name	Home Phone	Office Phone	Cellular Phone

The City is responsible for maintaining accurate information. MPUA should be promptly notified of **any** changes to the information contained in this Agreement.

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Are there special provisions affecting overtime hours worked by your employees? Yes _____ No _____

Please describe those terms: _____

This Agreement shall become effective upon its execution and shall remain in full force until or unless a thirty (30) day written notice of withdrawal is given. This Agreement may be terminated at any time by either the City or MPUA by providing thirty (30) days written notice.

The City understands that materials, equipment and labor provided by our utility in assisting another municipal utility will be billed in accordance with the charges specified in the MPUA Mutual Aid Program Manual, and we agree to pay such charges for any assistance to our City by other municipal utilities.

The City agrees and states that we read the MPUA Mutual Aid Program Manual and agree to all terms and conditions contained therein.

The executor of this document states they have the necessary City authority to bind the City named herewith, and that all proper City approval/s to enter into this agreement have been granted and/or approved.

City of _____, Missouri

Signed by: _____ Attest: _____

Title: _____ Title: _____

Date: _____ Date: _____