

# 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.

We understand 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

We have read the MPUA Mutual Aid Program Manual and agree to all terms and conditions contained therein.

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**City of \_\_\_\_\_, Missouri**

Signed by: \_\_\_\_\_ Attest: \_\_\_\_\_

Title: \_\_\_\_\_ Title: \_\_\_\_\_

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