



RESIDENTIAL WATER & SEWER SERVICE

Service Address: _____

Date: _____

Applicant	
Name:	
Mailing Address:	
City, State, ZIP	
Phone:	DOB:
DL#	SS#
Email:	
Employer:	
Address:	
City, State, ZIP	
Phone:	Years Employed:

Co-Applicant	
Name:	
Mailing Address:	
City, State, ZIP	
Phone:	DOB:
DL#	SS#
Email:	
Employer:	
Address:	
City, State, ZIP	
Phone:	Years Employed:

Do you request confidentiality of your "personal information"?

Yes

No

Applicant's Nearest Relative

Name:
Mailing Address:
City, State, ZIP
Phone:
Relationship:
Employer:
Work Phone:

Co-Applicant's Nearest Relative

Name:
Mailing Address:
City, State, ZIP
Phone:
Relationship:
Employer:
Work Phone:

By signing this application, I acknowledge and understand that failure to pay the utility bills by the due date will incur a late fee of \$15.00. If the utility bill is not paid within 15 days of the due date, service shall be discontinued. Service will be restored only after payment of all charges, service fees and deposit (if applicable) are paid in full. (Utility Ordinance Section 23). In the event the customer's account is referred for outside collection assistance, customer agrees to pay all reasonable collection costs, attorney fees and those of authorized agents. _____ / _____ (Please initial.)

Signature

Signature

OFFICE USE ONLY:	Own _____	Rent _____	Account# _____
Receipt # _____	Deposit _____	Copy of ID _____	Copy of Lease/Ownership _____
Rec'd by: _____	Deposit Posted: _____		
Date Paid: _____	Deposit trans from _____		
Passed Inspection: _____	Checked for unpaid balances _____		