

**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

List all persons at this address:	
Residential Address for the last three years:	
1.	How Long?
2.	How Long?

Emergency Contact	
Name:	
Phone:	
Relationship:	

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	
Receipt #	Deposit	Account #:
Rec'd by:	Deposit Posted:	Copy of ID
Date Paid:	Deposit Trans From:	Copy of Lease/Ownership
Passed Inspection		Checked for unpaid balances