**SUMMIT PARK PUBLIC SERVICE DISTRICT**

ACCT # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**APPLICATION FOR RESIDENTIAL SERVICE**

WATER ONLY ( ) SEWER ONLY ( ) BOTH WATER AND SEWER SERVICE ( ) ( ) APPLICATION UPDATE

ARE YOU A NEW CUSTOMER ( )

OR PREVIOUS CUSTOMER ( ) WHEN \_\_\_\_\_\_\_\_\_\_\_\_UNDER WHAT NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

APPLICANT NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ S.S#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CONTACT #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PLACE OF EMPLOYMENT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ WORK#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDITIONAL NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ S.S#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CONTACT #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PLACE OF EMPLOYMENT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ WORK #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ADDITIONAL CONTACT #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PROPERTY LOCATION \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MAILING ADDRESS IF NOT THE SAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OWNER ( ) TENANT ( ) - PROPERTY OWNER’S NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PROPERTY OWNERS ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CONTACT #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TOTAL NUMBER OF PERSONS IN YOUR HOUSEHOLD\_\_\_\_\_\_\_\_\_\_

**Please list any persons you grant permission to inquire about your account\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I HEREBY AUTHORIZE SERVICE TO BE ESTABLISHED IN MY NAME AT THE ABOVE PROPERTY LOCATION AND AGREE TO PAY FOR SERVICE UNTIL DISCONTINUED BY MY REQUEST IN WRITING. THIS APPLICATION IS ACCEPTED SUBJECT TO THE AVAILABILITY OF SERVICE AT THIS LOCATION.**

**BE ADVISED IT IS RESPONSIBILITY OF THE PROPERTY OWNER TO MAINTAIN THE CUSTOMER SERVICE PIPE, IN GOOD CONDITION AND FREE FROM ALL LEAKS AND DEFECTS, FROM POINT OF SERVICE TO THE PREMISE INCLUDING INSIDE PLUMBING AND APPLIANCES. THE UTILITY RESERVES THE RIGHT TO DISCONTINUE SERVICE IF THERE IS A FAILURE TO COMPLY.**

**APPLICANT’S SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**APPLICANT’S SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**UTILITY REPRESENTATIVE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**“The following information is requested by the Federal Government in order to monitor compliance with Federal Laws prohibiting discrimination against applicants seeking to participate in this program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However,**

**if you choose not to furnish it, we are required to note the race/national origin of individual applicants on the basis of visual observation or surname.”**

**RACE (mark one or more)** AMERICAN INDIAN **/** ALASKAN NATIVE \_\_\_\_\_ ASIAN \_\_\_\_\_ BLACK **/** AFRICAN AMERICAN \_\_\_\_\_

NATIVE HAWAIIAN **/** PACIFIC ISLANDER \_\_\_\_\_\_ WHITE \_\_\_\_\_

**ETHNICITY (CHECK ONE)** HISPANIC OR LATINO \_\_\_\_\_\_\_\_\_\_\_ NOT HISPANIC OR LATINO\_\_\_\_\_\_\_\_\_\_\_

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**OFFICE USE ONLY**

ACCT # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DEPOSIT AMOUNT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_TAP FEE AMOUNT W/S\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

METER SIZE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ METER SERIAL # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_METER RADIO ID\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_METER ROUTE \_\_\_\_\_\_\_\_ METER READING \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE ON \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PRO-RATE DAYS/USAGE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE OFF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CUST. REQUEST ( ) TERMINATION ( )

FINAL READING \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PRO-RATE DAYS/USAGE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

THIS INSTITUTION IS AN EQUAL OPPORTUNITY PROVIDER AND EMPLOYER.

**CUSTOMER I.D.**

|  |
| --- |
| **Customer Request for Discontinuation of Water/Sewer Service** |
|  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Today's Date |  | | | Account # |  | |  |
|  |  |  |  |  |  |  |  |
| Reason for Request |  | | | Requested Shut Off Date | |  | |
|  |  |  |  |  |  |  |  |
| Customer Name |  |  | | | | | |
|  |  |  |  |  |  |  |  |
| Service Address |  |  | | | | | |
|  |  |  |  |  |  |  |  |
| **New Address** |  |  | | | | | |
|  |  |  |  |  |  |  |  |
| **Contact #** |  |  | | | Type: |  | |
|  |  |  |  |  |  |  |  |
|  | | | | | | | |
| **Customer print name** |  |  | **Signature** |  | **Date** |  |  |
|  |  |  |  |  |  |  |  |
| Request received by: |  | (Circle one) | Mail | Verbal/Phone | In Person | Email | Fax |
|  |  |  |  |  |  |  |  |
| Request Accepted By: | |  | |  |  |  |  |
|  |  |  |  |  |  |  |  |
| Date of Final Read |  | | Reading |  | Meter Reader Initials | |  |
|  |  |  |  |  |  |  |  |
| Office Comments: |  | | | | | | |