©ITY HALL 759-2353 OPEN MONDAY – FRIDAY 8:00 – 4:30

ACCT#		
DEPOSIT	\$100.00	

APPLICATION FOR SEWER SERVICE

NAME		SPOUSE
EMPLOY	ER(S)	
SERVICE	E ADDRESS	,
MAILING	G ADDRESS (if different)	
TELEPHO	ONE HOME:	WORK:
E-MAIL A	ADDRESS	
IDENTIFI	ICATION PRESENTED:	
OWNER_	or RENTER I	LANDLORD NAME
REQUEST	T IS HEREBY MADE THE SER	VICE IS EFFECTIVE
YOU MUS	ST CHOOSE ONE OF THE BIL	LING OPTIONS BELOW:
]		ALCULATED ON THE FIRST FULL MONTH'S WATER USAGE, AND WILL CH YEAR BASED ON THE JANUARY, FEBRUARY AND MARCH WATER
	THE SEWER BILL MAY BE CA BELOW.	LCULATED ON ACTUAL WATER USAGE WITH THE SAME RATES AS
(1) SEWH		O ON FORTY-FIVE CENTS (.45) PER HUNDRED GALLONS OF WATER MONTH.
` '	ICANT CONTRACTUALLY ACMINATED SERVICE TO THIS F	GREES TO PAY ALL SEWER CHARGES UNTIL SAID APPLICANT HAS RESIDENCE
` '	PPLICANT FAILS TO PAY THE SUMER.	SE CHARGES, COLLECTION FEES ARE THE RESPONSIBILITY OF THE
	LICANTS ON PRIVATE WELLS ESS A WATER METER IS INST	SHALL BE BILLED ON 2200 GALLONS PER MONTH, PER PERSON ALLED.
,	NDERSIGNED HAVE READ AN REE TO SAID TERMS.	DO UNDERSTAND THE TERMS AND CONDITIONS OF THIS CONTRACT
APPLICA	ANT .	DATE