



City of
SUMMERSET
A GREAT PLACE TO CALL HOME

APPLICATION FOR WASTE WATER/TRASH COLLECTION SERVICE

General Information (Please Print):

Customer Name _____ Move In Date _____

Service Address _____ Driver's License # _____

Billing Address _____ Same as above

Email _____ Day Phone _____ Evening Phone _____ Cell _____

Employer _____ Employer Address _____

Spouse Name _____ Driver's License # _____

Employer _____ Employer Address _____

I am the Owner Agent Tenant (if you are renting, please complete the following)

Name of Property Owner/Landlord _____ Phone _____

Address _____ Email _____

Deposit:

A deposit is required for all customers (see fee schedule). This deposit will be held by the City until the account is closed. If the account is current at the time of closing, the deposit will be refunded to the customer upon approval of the claim by the City Commission. If there is a balance on the account, this deposit will be applied to the outstanding balance. A \$5 late fee will be assessed to your account each month payment is not received by the due date. A \$30 return check fee will apply.

Fee Schedule:

- | | |
|---|-------|
| <input type="checkbox"/> Commercial Account | \$100 |
| <input type="checkbox"/> Residential Owner Account | \$50 |
| <input type="checkbox"/> Residential Rental Account | \$100 |

Acknowledgement:

I have read and understand the above billing process summary.

Signature _____ Date _____

FOR OFFICE USE ONLY

Amount of Deposit _____ Date Paid _____ Payment Type: Cash Check Credit Card

Account Changes/Disconnect:

Forwarding Address _____ Effective Date _____

Notes: