

Notes:



APPLICATION FOR WASTE WATER/GARBAGE SERVICE

General Information (Please Print): Customer Name Move In Date _____ Driver's License # Service Address Billing Address _____ Same as above Email Day Phone Evening Phone Cell Employer Address Employer Address Spouse Name _____ Driver's License # _____ Employer Address I am the ☐ Owner ☐ Agent ☐ Tenant (if you are renting, please complete the following) Name of Property Owner/Landlord______Phone____ ______ Email Address Deposit: A deposit is required for all customers (see fee schedule). This deposit will be Fee Schedule: 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 ☐ Commercial Account \$100 of the claim by the City Commission. If there is a balance on the account, this ☐ Residential Owner Account \$50 deposit will be applied to the outstanding balance. A \$5 late fee will be ☐ Residential Rental Account \$100 assessed to your account each month payment is not received by the due date. A \$30 return check fee will apply. **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