Appendix 1 – Application for Service – Water, Sewer, and Solid Waste Fee Services

Property and Applicant Information:

· ·	ne telephone and business telephone numbers of (if married, provide name of spouse):
Name:	
If business, name of contact:	
If married, name of spouse:	
Billing address:	
City Home phone:	State Zip Business phone:
2) Street address of property receiving service: Street: City: PLEASE NOTE:	
C. Original bills for Ut the address specified	ility service will be mailed to the responsible party, at d on this form.
he/she has read and underst captioned "Customer Billin	nat the above billing contact information is correct, ands paragraphs A, B and C under the section g Information" and he/she has received the new ation detailing our Policy & Procedures.
Print Name:	
Signature:	Date:
For City Use Only: Customer ID# Employees Initials	