

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

ACCT # _____
DEPOSIT \$100.00

APPLICATION FOR SEWER SERVICE

NAME _____ SPOUSE _____

EMPLOYER(S) _____

SERVICE ADDRESS _____

MAILING ADDRESS (if different) _____

TELEPHONE HOME: _____ WORK: _____

IDENTIFICATION PRESENTED: _____

OWNER _____ or RENTER _____ LANDLORD NAME _____

REQUEST IS HEREBY MADE THE SERVICE IS EFFECTIVE _____

YOU MUST CHOOSE ONE OF THE BILLING OPTIONS BELOW:

_____ THE SEWER BILL WILL BE CALCULATED ON THE FIRST FULL MONTH'S WATER USAGE, AND WILL BE AVERAGED IN APRIL EACH YEAR BASED ON THE JANUARY, FEBRUARY AND MARCH WATER USAGE.

_____ THE SEWER BILL MAY BE CALCULATED ON ACTUAL WATER USAGE WITH THE SAME RATES AS BELOW.

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- (1) SEWER RATES ARE CALCULATED ON FORTY CENTS (.40) PER HUNDRED GALLONS OF WATER USAGE PLUS \$9.45 MINIMUM PER MONTH.
- (2) APPLICANT CONTRACTUALLY AGREES TO PAY ALL SEWER CHARGES UNTIL SAID APPLICANT HAS TERMINATED SERVICE TO THIS RESIDENCE
- (3) IF APPLICANT FAILS TO PAY THESE CHARGES, COLLECTION FEES ARE THE RESPONSIBILITY OF THE CONSUMER.
- (4) APPLICANTS ON PRIVATE WELLS SHALL BE BILLED ON 2200 GALLONS PER MONTH, PER PERSON UNLESS A WATER METER IS INSTALLED.

I, THE UNDERSIGNED HAVE READ AND DO UNDERSTAND THE TERMS AND CONDITIONS OF THIS CONTRACT AND AGREE TO SAID TERMS.

APPLICANT

DATE