

CITY OF NEW PLYMOUTH

301 N Plymouth Ave
PO Box 158
New Plymouth, ID 83655
Phone: 208-278-5338 x 3
Fax: 208-278-5330

www.npidaho.com
clerk@npidaho.com
deputyclerk@npidaho.com

ACCT No: _____



WATER & SEWER
APPLICATION

Reading: _____
 On Off

PROPERTY OWNER INFORMATION

Applicant Name: _____ **Date of Birth:** *(Applicants must be at least 18 years old)* _____

Date of Occupancy: _____

SSN: (last four digits only) _____ **Driver's License No:** _____

Service Address: _____

Mailing Address: (if different) _____

Home Phone: _____ **Cell Phone:** _____

Email Address: _____

Employer Name, Address, Phone #: _____

Previous Address: _____

3-3-3: TURNING WATER ON: (B) No water shall be turned on until there is first paid to the city clerk a deposit of one hundred thirty five dollars (\$135.00). A deposit shall not be refunded until the depositor has made twelve (12) consecutive timely payments. (Ord. 369, 12-4-2017)

Deposit: \$135.00 **Receipt #** _____ **Date:** _____

SPOUSE/ROOMMATE INFORMATION

Spouse/Roommate Name: _____

Date of Birth: _____ **Phone #:** _____

Driver's License No: _____ **SSN: (last four digits only)** _____

By signing this application, I acknowledge that I am responsible for city services charges until I give **WRITTEN NOTICE** to the City of New Plymouth for discontinuing services.

Applicant Signature: _____ **Date** _____

Spouse/Roommate Signature: _____ **Date** _____