

WATER/SEWER/SANITATION SERVICES APPLICATION



Service Address: _____

ACCT No: _____ Reading: _____

PROPERTY OWNER INFORMATION

Owner/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: _____

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 _____