
Contact Information

Today's Date: _____ Date to Start/End Service _____

Property Owner
(Applicant): _____Property Owner's
Address: _____Service Address (*if different than above*): _____

Phone: _____ Email: _____

Owner or Tenant: Owner _____ Tenant _____

New Service _____ Seasonal Residence _____ Rental _____ Water _____ Sewer _____ Disconnect _____

Tenant's Name & Address: _____

Tenant Phone: _____ Email: _____

Please Note: A landlord/landowner will receive copies of all disconnection notices sent. To the Landlord: Be advised that if the renter fails to pay the water bill you will be Responsible for the payment of the delinquent bill. All tenant properties require a sewer deposit of \$100 for each unit covered by the account.

Property Information**Legal description of the property to be served.**

Legal Description: _____

Property Description (check appropriate box):

____ Commercial ____ Government ____ Municipal ____ Residential ____ Restaurant

Number of Building's to be connected: _____ Well Abandonment Letter Yes ____ No ____

Any Change in use or number of buildings connected requires a new application.**Moving or Disconnect Service**

Effective Date: _____

Service Address: _____

Old Name on Account: _____

Owner or Tenant: Owner _____ Tenant _____

The customer that initially signed up for service is responsible for the payment of charges until we are contacted to discontinue service or a new customer request to establish a new account. We are unable to backdate account closure dates, it is the sole responsibility of the account holder to cancel service and close the account.

Bills will be sent out at the end of each month. They are due in 20 days. After 20 days your account is considered delinquent, and your water may be shut off after notice is given with additional costs for reconnection. The property owner will abide by all the rules, ordinances and rates set by the Sanitary District.

By my signature below, I hereby request water service from the Sanitary District. I understand sewer use charges will appear on the same billing as the water usage charges. In requesting utility service, I accept full responsibility for any charges, fees, penalties, or other obligations incurred while in my name. I warrant that the information furnished for the purpose of obtaining utility service to be true and accurate to the best of my knowledge.

Signature: _____ Date: _____

Application is Approved _____ Disapproved _____

Signature: _____ Date: _____

The following information is requested by the Federal Government in order to monitor compliance with Federal Laws prohibiting discrimination against applicants seeking to participate in this program. You are not required to provide this information but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to not the race, ethnicity, and sex of applicants on the basis of visual observation or surname.

_____ I do not wish to furnish this information.

Ethnicity:

_____ Hispanic or Latino

_____ Not Hispanic or Latino

Race: (Mark all that apply)

_____ White

_____ Black or African American

_____ American Indian or Alaska Native

_____ Asian

_____ Native Hawaiian or Other Pacific Islander

Sex:

_____ Male

_____ Female

Non-Discrimination Statement:

This institution is an equal opportunity provider.