



Request to **CONNECT** Water/Sewer/Garbage/Recycling Service

Primary Applicant Name: _____

Primary Phone: _____ Secondary Phone: _____

Email Address: _____

SSN: _____ DOB: _____

Employer Name & Number: _____

Secondary Applicant Name: _____

Primary Phone: _____ Secondary Phone: _____

SSN: _____ DOB: _____

Employer Name & Number: _____

Emergency Contact Name/Relationship: _____

Primary Phone: _____ Secondary Phone: _____

Service Address: _____

Start Date: _____ Own: ____ or Rent: ____ Landlord Name: _____

Mailing Address: _____

(If different from Service Address) (Address/City/State/Zip)

Garbage/Recycling: Residential Customers Will Automatically Be Enrolled in Curbside Program
Commercial Customers Are Exempt from Curbside Program

Primary Applicant Signature: _____ Date: _____

Secondary Applicant Signature: _____ Date: _____

FOR CITY USE:

REQUIRED: ____ Driver's License/ID **AND** ____ \$100.00 Deposit **OR** ____ Letter of Credit w/ 1yr history

Account Number: _____ Will Applicant be a Landlord: _____ ACH: _____

Deposit/Receipt #: _____ Transfer Deposit From: _____

Letter of Credit: _____ Garbage/Recycling: COM RES 95 65