**NEW SERVICE APPLICATION FOR RESIDENTIAL CUSTOMERS**

1. **GENERAL INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** | **DOB: Month** | **Day** | **Year** |
| **Service Address:** |
| **Billing Address:** |
| **Home Phone:****( ) -** | **Cell Phone:****( ) -** |
| **Service Type:*** Water
* Sewer
* Gas
 | **Property Type:*** Owner
* Renter
 | **Residence Type:*** House
* Mobile Home
* Apartment
 | **Previous Customer?*** Yes
* No
 | **Is This A New Property That Requires Tap Fees?*** Yes
* No
 |
| **All Others Residing At This Address:** |

1. **LANDLORD INFORMATION (IF YOU OWN THE PROPERTY, SKIP THIS PORTION)**

|  |  |
| --- | --- |
| **Name:** | **Phone: ( ) -** |
| **Address:** |

1. **NEAREST RELATIVE NOT LIVING WITH YOU (USED AS AN ALTERNATE POINT OF CONTACT)**

|  |  |
| --- | --- |
| **Name:** | **Relationship:** |

**Payments Must Be Received & Processed Before End Of Business On The 24th Of Each Month.**

**Cut Off Is On The 25th of Each Month or the Following Business Day.**

**Disconnection Service Fees:**

**Water: $25 Gas: $30**

**WE RESERVE THE RIGHT TO CHARGE EACH RESPECTIVE PENALTY FOR ANY ACCOUNT ABOVE A ZERO BALANCE ON THE 25TH OF EACH MONTH REGARDLESS OF DISCONNECTION OF SERVICES.**

**The Town of Century is an Equal Opportunity Provider.**

|  |  |
| --- | --- |
| **Customer Signature:** | **Date:** |
| **Clerk Signature:** | **Date:** |

**FOR OFFICE USE ONLY**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Water Deposit:****$** | **Sewer Deposit:****$** | **Gas Deposit:****$** | **Total Deposit:****$** | **Payment Type:*** **Cash**
* **Check #\_\_\_\_\_\_**
* **Credit Card**
 |
| **Account Number:** | **Receipt Number:** |