



Date: _____

Deposit Amount \$100.00

Service Start Date: _____

Account Number: _____ (To be supplied by Utility Office)

Please Check One

Rent

Own

If renting, please give name & phone number of Owner.

Name: _____ Phone Number: _____

I would like to apply for water, sewer and garbage services at the following address. Listed below is my information for your records so my account can be established.

Name: _____

Social Security Number: _____

Driver's License Number: _____

Street Address: _____

Mailing Address: _____

Present Phone Number: _____

Cell Phone Number: _____

Business Employer: _____

Employer's Phone Number: _____

Name of Spouse: _____



Please provide 3 References

Name: _____

Address: _____

Phone Number: _____

Relationship: _____

Name: _____

Address: _____

Phone Number: _____

Relationship: _____

Name: _____

Address: _____

Phone Number: _____

Relationship: _____

I hereby agree to pay the water, sewer and garbage services for the above referenced address starting on the date indicated. It is understood that a deposit will be required by the City of Crescent. It is understood that if the bill is not paid by the required date, I consent that the bill can be paid with the deposit.

Furthermore, I understand that any unpaid balance on my account, upon vacating the property will be subject to collection after 60 days.

Signature: _____