

NORTHERN WAYNE COUNTY PUBLIC SERVICE DISTRICT

APPLICATION FOR SEWER SERVICE

HAVE YOU EVER HAD SEWER SERVICE WITH NORTHERN WAYNE CO. PSD? _____ IF SO, WHEN _____?

NAME: _____

SPOUSE/ROOM MATE: _____

MAILING ADDRESS: _____

SPOUSE/ROOM MATE SS#: _____

PHONE: _____

SPOUSE/ROOM MATE DRV LISC#: _____

SPOUSE/ROOM MATE EMPLOYER: _____

APP SS#: _____

SPOUSE/ROOM MATE EMPLOYER ADD: _____

APP EMPLOYER: _____

OF ADULTS IN HOUSEHOLD: _____

EMPLOYER ADD: _____

NAMES OF ADULTS OVER 18 LIVING IN THE HOME:

EMPLOYER PH #: _____

SERVICE/PROPERTY LOCATION:

OWN _____ RENT _____

TYPE OF SERVICE: RESIDENTIAL _____

LANDLORDS NAME, ADDRESS & PH # IF RENTING

COMMERCIAL _____

GOVERNMENTAL _____

CLOSEST RELATIVE / FRIEND NOT LIVING WITH YOU?

PH # _____

RELATIONSHIP _____

I HEARBY AUTHORIZE SERVICE TO BE ESTABLISHED IN MY NAME AT THE ABOVE PROPERTY LOCATION AND AGREE TO PAY FOR SERVICE UNTIL I REQUEST TO BE DISCONNECTED **IN WRITING** OR MY SERVICE IS TERMINATED FOR NON PAYMENT. I UNDERSTAND THAT THIS APPLICATION IS ACCEPTED SUBJECT TO THE AVAILABILITY OF SERVICE AT THIS LOCATION.

APPLICANT'S SIGNATURE: _____ DATE: _____

CO-APPLICANT'S SIGNATURE: _____ DATE: _____

UTILITY REPRESENTATIVE SIGNATURE: _____ DATE: _____

OFFICE USE ONLY

ACCT # _____ NEW SERVICE # _____ DISC/REC FEES: _____

APPL. DRV LISC # _____ TAP FEE: _____

SEC. DEPT AMT: _____ TAP REC # _____

DEPOSIT REC#: _____ DATE ON: _____ DATE OFF: _____

REQ'D: _____ TERM: _____