

## APPLICATION FOR RESIDENTIAL SEWER SERVICES

NAME OF DISTRICT: DATE:						
SERVICE ADDRESS	STREET ADDRESS					CITY/STATE
						710
						ZIP
NAME OF PRIMARY				PHONE NUMBER		
APPLICANT						
SECONDARY APPLICANT				SECONDARY PHONE NUMBER		
DATE TO BEGIN SERVICE						
(Closing Statement Date/Lease Start Date)						
BILLING ADDRESS	STREET ADDRESS/CITY/STATE/ZIP					
(Indicate if same as above)						
RENT, OWN OR MANAGE	LIVI, OWIV OR WINIVIOL		EMAIL ADDRE	SS		
HOME? (CIRCLE ANSWER)	(Provide lease agreement, settlement statement or					
	management agre					
PREVIOUS ADDRESS	STREET ADDRESS		•	CITY, STATE, ZIP		
PHOTO ID	STATE			NUMBER Must provide a copy of photo ID/License.		
(DL/PASSPORT/COMPANY EIN)						
FEES (FOR DISTRICT USE	CSI PASSED DEPOSIT			APPLICATION FEE/SERVICE AGREEMENT FEE		
ONLY)						
<ul> <li>Applicants are required to sign a Customer Service Agreement in order to process a new service request. This requirement does not apply if water and sewer service is not provided.</li> <li>Applicants must submit full payment for all applicable fees and deposits as outlined in the District Rate Order before service can be established.</li> <li>Applications received after 2pm will be processed within the next business day.</li> <li>Failure to submit all required documentation or payments as specified in the District Rate Order may result in fines, penalties, delays, or denial of service.</li> <li>Statement of Responsibility         <ul> <li>Applicants are required to make payments in a timely manner to avoid penalties and delinquent processing in accordance with the District Rate Order. Failure to make payments may result in account cancellation and submission of the remaining balance to collections.</li> </ul> </li> </ul>						
• I have read and accept the Statement of Responsibility: YES						
DATE: PRINTED NAME:	SIGNAT	URE:				