



APPLICATION FOR WATER & SEWER ACCOUNT

ID MUST BE VERIFIED IN PERSON

Service Activation Date: _____

Name on Account: _____

Physical Address: _____

Mailing Address (If different than above): _____

Phone: Home _____ Work _____ Cell _____

Driver's License Number of Account Holder: _____

Social Security Number of Account Holder (last four digits only): _____

Date of Birth ____ / ____ / ____ Age (optional) _____ 65+ receive discount

Do you rent or own? _____ New Construction YES NO

If you rent, from whom: _____ Address & phone # _____

To have bill emailed, provide email address (NO paper copy will be mailed): _____

Terms/ Conditions:

- **Deposit** - Your deposit will either be refunded or applied toward your last billing after notification of moving. A forwarding address is required to receive your deposit. If you move, you are still responsible to pay for services rendered through your move date.
- **Bills** - Your water/sewer bill is mailed the 5th day of the odd months and due the 5th day of the even months. If your bill is not paid by the 5th you will receive a second notice that will have a 10% penalty added to it. **If you do not pay this bill by the required date, your services will be disconnected.** If your services are disconnected there will be a \$35.00 reconnection fee during business hours M-F 8:00 am – 5:00 pm. After hours and holidays there is a \$70.00 reconnection fee. There is a \$35.00 return check charge. Failure to receive bill does not relieve your obligation to pay.
- **Trash Collection** - Trash services are included in your water/sewer bill. Trash will be collected in cans provided by Waste Management and only trash inside of the cans will be collected. Collection will be on Tuesdays for residences on the west side of Dogwood and on Thursdays for residences on the east side of Dogwood. Trash **MUST** be out by 6:00 A.M. of your schedule pick-up day. *National Holidays and inclement weather may affect the routine schedule.*

All of the information I have provided above is true and accurate. I understand that providing false information may leave me subject to criminal penalty. I have read, understand, and agree to the terms and conditions listed above.

Signature

Date

Billing Schedule

Billing Period	Billed	Due
6/15 - 8/15	9/5	10/5
8/15 - 10/15	11/5	12/5
10/15 - 12/15	1/5	2/5
12/15 - 2/15	3/5	4/5
2/15 - 4/15	5/5	6/5
4/15 - 6/15	7/5	8/5

For Town Office Use Only:

ID verified? Yes No Initials: _____

Form of ID? Driv Lic Soc Sec Other _____

Account number: _____

Deposit Amount: \$100.00 (\$50.00 limited svc)

Payment: Cash Check # _____