

CITY OF FILER
APPLICATION FOR WATER, SEWER AND/OR SANITATION SERVICES

DATE _____

PROPERTY ADDRESS _____

DATE OF OCCUPANCY _____

APPLICANT'S NAME _____

MAILING ADDRESS _____

PHONE # _____ SS#OR DL# _____

YOUR EMPLOYER _____

ADDRESS _____ PHONE# _____

SPOUSE/ROOMMATE _____ SS# OR DL# _____

THEIR EMPLOYER _____

ADDRESS _____ PHONE# _____

CREDIT AND/OR BANK REFERENCE _____

NEAREST RELATIVE(other than spouse) _____

ADDRESS _____ PHONE# _____

If bills are not paid by the 10th of the month it becomes delinquent. If still not paid by the 16th of the month Customers shall be notified of the delinquency and if the bill is not paid in full within the next fifteen (15) days, services will be terminated. The City of Filer then requires the customer to pay in full the delinquent amount owed plus a \$20.00 fee to reinstate services.

I here by certify that I am the owner of this property, and that I have read the forgoing termination policy and that I understand it fully.

				APPLICANT'S SIGNATURE	
ETHNIC GROUP/RACE					
White	Hispanic/Latino	American Indian/ Alaska Native	Asian	Native Black/African American	Pacific Islander