



# Request to **CONNECT** Water/Sewer/Garbage/Recycling Service

**Primary Applicant Name:** \_\_\_\_\_

**Service Address:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(If different from Service Address) (Address/City/State/Zip)

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Employer Name & Number: \_\_\_\_\_

**Secondary Applicant Name:** \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Employer Name & Number: \_\_\_\_\_

**Emergency Contact Name/Relationship:** \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

**Start Date:**

Start Date: \_\_\_\_\_ Own: \_\_\_\_ or Rent: \_\_\_\_ Landlord Name: \_\_\_\_\_

**Garbage/Recycling:** Residential Customers Will Automatically Be Enrolled in Curbside Program  
Commercial Customers Are Exempt from Curbside Program

Primary Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Secondary Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_

**FOR CITY USE:**

Account Number: \_\_\_\_\_ Will Applicant be a Landlord: \_\_\_\_\_ ACH: \_\_\_\_\_

Deposit/Receipt #: \_\_\_\_\_ Transfer Deposit From: \_\_\_\_\_

Letter of Credit: \_\_\_\_\_ Garbage/Recycling: COM RES 95 65

**REQUIRED:** \_\_\_\_\_ Driver's License/ID **AND** \_\_\_\_\_ \$25.00 Deposit