

Application for Sanitary Sewer Service

NEW CUSTOMER INFORMATION

SHRWD Account No. _____ Water Acc. No. _____

Customer's Name: _____ DOB _____

Employer's Name: _____ Work Phone: _____

Customer' Name: _____ DOB _____

Employer's Name: _____ Work Phone: _____

Sewer Service Address: _____

Billing Address: _____

Home/Cell Phone: _____ Move In/Close Date _____ Own: _____ Rent: _____ Contract: _____

Property Owner's Address: _____

- 1) I hereby apply for Sanitary Sewer Service at the above Sewer Service Address.
- 2) I agree to comply with the terms and conditions of the SHRWD's Sewer Use Ordinance and SHRWD's ordinances governing Sewer User Charges and the payment thereof.
- 3) I agree to pay all Sewer User Charges by their due date.
- 4) I agree to pay for all administrative, legal, collection fees and court fees that SHRWD may incur because I fail to pay the Sewer User charges by their due date.
- 5) I state that I nor anyone else living at the above Sewer Service Address owes SHRWD any money from this or any other Sewer Service Address or from any other SHRWD account.
- 6) I acknowledge that my SHRWD Sanitary Sewer Account and the information contained therein is considered a Public Record and may be given out to other parties.
- 7) I state that public water service (if any) for the above Sewer Service Address is in my name.
- 8) I state the property ownership or property rental agreement for the Sewer Service Address is in my name.
- 9) I state the information I presented in this Application for Sanitary Sewer Service is correct and accurate.

Customer: _____
Signature Date

Signature

Date

FOR USE BY SHRWD

Previous Owner Information

SHRWD Account No. _____ Water Acc. No. _____

Forwarding Address _____

Final Reading _____ Date Read _____ Move Out Date _____

Data Verified By _____ Date _____