

**** WE MUST MAKE A COPY OF YOUR PHOTO ID FOR YOUR SERVICE TO BE CONNECTED.****

FOR OFFICE USE ONLY _____ **IN PERSON** _____ **CALL IN**

ACCOUNT NUMBER _____ **PREVIOUS CUSTOMER** _____
TAP FEE AMOUNT _____ **ROAD BORE** _____
METER # _____ **METER READING** _____ **LOCATION** _____
ROUTE # _____ **RATE #** _____ **DATE ON** _____ **DATE OFF** _____

TOWN OF MIDDLEBOURNE SERVICE APPLICATION

NAME _____ **DRIVER'S LICENSE/ID#** _____ **STATE:** _____

DATE OF BIRTH: _____ **PHONE #** _____

MAILING ADDRESS _____

TOWN _____ **STATE** _____ **ZIP CODE** _____

PROPERTY LOCATION _____

SELECT ONE: OWN _____ RENT _____ OTHER _____

LANDLORD'S NAME _____ **PHONE #** _____

SERVICE REQUESTED: WATER: _____ SEWER: _____ TRASH: _____

TYPE OF SERVICE: RESIDENTIAL _____ COMMERCIAL _____

NUMBER IN HOUSEHOLD _____ (**LIST EVERYONE ON BACK OF APPLICATION**)

PLACE OF EMPLOYMENT _____ **PHONE #** _____

SPOUSE OR PARTNER'S NAME _____

PLACE OF EMPLOYMENT _____ **PHONE #** _____

COMPANY LAST HAD WATER/SEWAGE SERVICE WITH _____

I HEREBY AUTHORIZE SERVICE TO BE ESTABLISHED IN MY NAME AT THE ABOVE LOCATION UNTIL DISCONTINUED BY MY REQUEST BY CALLING OR IN WRITING.

I am hereby stating that I understand:

1. The utilities responsibility (Line Maintenance, Leaks, Etc.) ends and the customer's begins at the curb stop.
2. I am responsible for all leaks on the customers side of the curb stop; usually the meter well.
3. If and when I leave this location, it is my responsibility to notify the Town office to terminate this service or I will continue to be billed for this service monthly.
4. Water and sewer billing runs from the 15th. To the 15th of each month.
5. The sewage bill is based on the amount of water that passes through the water meter, regardless of use or leaks that develop in the customer's service line.
6. If bills are not paid when due, the water service will be terminated and a re-connect fee of \$50.00 for water and \$50.00 for sewage will be charged. I also understand that both the balance and the re-connect fee must be paid in full before water service will be re-connected.

APPLICANT'S SIGNATURE _____ **DATE** _____

****WATER WILL BE TURNED ON UP TO 24 HOURS. DRIVER'S LICENSE OR PICTURE ID REQUIRED. ****

TURN PAGE OVER →

PLEASE LIST EVERYONE IN HOUSEHOLD:

NAME: _____ NAME: _____
NAME: _____ NAME: _____
NAME: _____ NAME: _____
NAME: _____ NAME: _____
NAME: _____ NAME: _____
NAME: _____ NAME: _____

PLEASE REVIEW THE FOLLOWING:

"The following information is requested by the Federal Government in order to Monitor compliance with Federal Laws prohibiting discrimination against Applicants seeking to participate in this program. You are not required to furnish This information, but are encouraged to do so. This information will not be used in Evaluating your application or to discriminate against you in any way. However, if You choose not to furnish it, we are required to note the race, ethnicity, and sex of Applicants on the basis of visual observation or surname."

_____ I do not wish to furnish this information

Ethnicity:

_____ Hispanic or Latino

_____ Not Hispanic or Latino

Race: (Mark all that apply)

_____ White

_____ Black or African American

_____ American Indian or Alaska Native

_____ Asian

_____ Native Hawaiian or Other Pacific Islander

Gender:

_____ Male

_____ Female

Non-Discrimination Statement:

This institution is an equal opportunity provider and employer.