

Account Number _____

Customer Name _____



APPLICATION FOR WATER AND SEWER SERVICES TO THE TOWN OF SUPERIOR, WYOMING

Customer Name _____ Connect Date _____

Service Address _____

Mailing Address _____

Phone Number _____ Drivers License #-State _____

Social Security No. _____

Spouse Name _____

Social Security No. _____ Drivers License #-State _____

Employer _____ Phone No. _____

Employer Address _____

Spouse Employer _____ Phone No. _____

Employer Address _____

Name of Relative _____ Phone No. _____

Address _____

Relationship _____

Personal Reference _____ Phone No. _____

Address _____

Are You: Buying? _____ Renting? _____ Own? _____

If Renting-Owner _____

Address _____

Release is hereby given to the TOWN OF SUPERIOR to obtain any and all such information from employer(s) or references as may be deemed necessary to process this application for service or to effect collection of any unpaid balance due. I may also be charged collection costs, and/or reasonable attorney fees. I, the undersigned, hereby certify that the information given above is true and correct.

Signature of Applicant _____ Date _____

Spouse Signature _____ Date _____

For Office Use Only:

Accepted By _____ Date _____

Deposit Date _____ Amount _____

Turn on Fee _____ Amount _____

Refund Date _____ Amount: _____ Applied _____ Refunded _____