



## APPLICATION FOR WATER, SEWER & GARBAGE SERVICE

I, the owner / purchaser / renter of a dwelling / building at \_\_\_\_\_, do hereby make application to the City for culinary water and sewer service and garbage pickup at the above address. I hereby agree to pay to EUREKA CITY, the regular charges and all other fees lawfully assessed or made for this service, including a service fee of \$75.00 for setting up an account in my name or for changing the records into my name. The \$75.00 service fee must be paid on the date of this application. This fee is not a deposit and will not be refunded or credited to your account upon termination or disconnection of your service. All payments for services are due on the 10<sup>th</sup> of each month and become delinquent on the last day of each month.

I understand the City shall have the right to enforce payment of the above said charges, if necessary, by disconnecting said water and sewer and removing garbage tote, and to all other rights and remedies to which the City may be entitled.

Should collection become necessary, I hereby expressly agree to pay all costs of collection including an additional collection of 35% whether or not the account is turned to an outside collection agency. I further agree to pay all court costs and attorney's fees should legal action become necessary.

**IMPORTANT: IF ANYONE IN YOUR HOUSEHOLD HAS HAD SERVICE IN THEIR NAME AND OWES A PAST DUE BALANCE, SERVICES WILL NOT BE PROVIDED UNTIL BALANCE HAS BEEN PAID IN FULL.**

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### PLEASE COMPLETE THE FOLLOWING FOR BILLING PURPOSES: (PLEASE PRINT)

Full Name of Responsible Party: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Complete Address: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

\_\_\_\_\_ Cell Phone #: \_\_\_\_\_

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

Place of Employment: \_\_\_\_\_ Phone #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_ Driver's License No./State: \_\_\_\_\_

Number of Adults in Household: \_\_\_\_\_ Number of Children in Household \_\_\_\_\_

Name of Spouse or Roommate: \_\_\_\_\_ Phone #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_ Driver's License No./State: \_\_\_\_\_

Relatives/References: \_\_\_\_\_ Phone #: \_\_\_\_\_

Relatives/References: \_\_\_\_\_ Phone #: \_\_\_\_\_

Do you or any other person living with you at this address owe Eureka City a past due utility bill? If so, services will not be provided until all accounts are paid in full! YES  NO

**OWNERS OF RENTAL PROPERTY MUST COMPLETE & SIGN BACK PORTION OF APPLICATION PRIOR TO SERVICE BEGINNING.**

\_\_\_\_\_/\_\_\_\_\_  
AUTHORIZED SIGNATURE / DATE

