**New Water/Sewer Department Application**

This form must be completed before water/sewer service can be connected

Effective November 10, 2005, water service will ONLY be connected in the name of the property owner

**$100.00 Deposit Required**

Deposits will only be refunded to Owner.

Social Security Number disclosure is voluntary. Extra Deposit required if not provided.

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** |  | | |
| **Owner Name** |  | | |
| **Social Security #** |  | | |
| Renter Name (If Applicable) |  | | |
| **Mailing Address** |  | | |
|  | | |
| **Service Address** |  | | |
| **Home Phone #:** |  | **Cell Phone #:** |  |
| **E-Mail Address:** |  | | |
| **Emergency Contact Name:** |  | **Relationship:** |  |
| **Contact #:** |  | | |

I have read and know I have access to the Town Water Policy either online or by written summary.

I attest that the above is correct to the best of my knowledge and that I am responsible for all charges and bills associated with this account. I agree to comply with the Town of Robbins Rules and Regulations for Municipal Services.

Owner’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- |
| For Office Use Only | | | |
| Account # |  | Location # |  |
| Deposit Amount: |  | | |