



APPLICATION FOR UTILITY SERVICES

WATER DEPOSIT=\$89.00
SEWER DEPOSIT=\$26.00
TOTAL DEPOSIT=\$115.00

I/WE _____
PRINT APPLICANT'S NAME(S)

DO HEREBY MAKE APPLICATION FOR UTILITY SERVICES FROM THE TOWN OF WIGGINS AT:

SERVICE ADDRESS

EFFECTIVE DATE OF SERVICE

EMAIL

I AM THE:

MANAGER

OWNER

TENANT

LEAVE ON BETWEEN RENTERS

NAME OF OWNER

OWNER MAILING ADDRESS

CITY STATE ZIP

TENANT MAILING ADDRESS IF DIFFERENT FROM SERVICE ADDRESS

(OWNER OF THE PROPERTY WILL BE RESPONSIBLE FOR THE PAYMENT OF THE WATER & SEWER BILL ACCORDING TO TOWN ORDINANCE IF LEFT UNPAID BY A TENANT)

CITY STATE ZIP

I DO HEREBY CERTIFY THAT I AM THE ABOVE NAMED APPLICANT AND THAT I WILL BE RESPONSIBLE FOR PAYMENT OF UTILITY SERVICES PROVIDED AT THE ABOVE ADDRESS FROM THE REQUESTED DATE OF SERVICE UNTIL I HAVE PROPERLY NOTIFIED THE TOWN OF WIGGINS TO DISCONTINUE SUCH SERVICES. ANY UTILITY DEPOSIT I HAVE MADE MAY BE APPLIED BY THE TOWN TO THE FINAL BILLING. IF I AM A TENANT, I AGREE THAT MY UTILITY SERVICE INFORMATION WITH THE TOWN OF WIGGINS MAY BE RELEASED TO THE OWNER OF THE PROPERTY OR THEIR DESIGNATED REPRESENTATIVE AT ANY GIVEN TIME.

APPLICANT #1:

HOME PHONE BUSINESS PHONE EMAIL SOCIAL SECURITY NO. DRIVERS LICENSE NO.

SIGNATURE OF APPLICANT (MUST BE 18 OR OLDER TO SIGN APPLICATION) DATE

APPLICANT #2:

HOME PHONE BUSINESS PHONE EMAIL SOCIAL SECURITY NO. DRIVERS LICENSE NO.

SIGNATURE OF APPLICANT (MUST BE 18 OR OLDER TO SIGN APPLICATION) DATE

SIGNATURE OF OWNER-IF DIFFERENT FROM APPLICANT DATE PHONE NO.

AS THE OWNER OF THE PROPERTY LISTED ABOVE, I REALIZE THAT I AM JOINTLY AND SEVERALLY LIABLE FOR THE PAYMENT OF ANY CHARGES ACCRUING FOR WATER AND SEWER SERVICE IN ACCORDANCE WITH THE TOWN OF WIGGINS ORDINANCE NO. 04-1991 AND 05-1991.

FOR OFFICE USE ONLY	
DATE DEPOSIT PAID	
ACCOUNT NUMBER	
DATE ENTERED INTO CASELLE	