

TOWN OF WIGGINS APPLICATION FOR UTILITY SERVICE

LEAVE ON BETWEEN RENTERS

I, \_\_\_\_\_ DO HEREBY MAKE APPLICATION FOR UTILITY SERVICE FROM THE  
 (Print Applicant's Name)  
 TOWN OF WIGGINS AT \_\_\_\_\_  
 (Service Address)

Effective Date of Service Beginning \_\_\_\_\_ Email \_\_\_\_\_

I AM THE  
 MANAGER   
 OWNER   
 TENANT

\_\_\_\_\_  
 Name of Owner

\_\_\_\_\_  
 (Tenant Mailing Address)

\_\_\_\_\_  
 City State ZIP

\_\_\_\_\_  
 (Owner Mailing Address)

\_\_\_\_\_  
 City State ZIP

(OWNER OF THE PROPERTY WILL BE RESPONSIBLE FOR THE PAYMENT OF THE WATER & SEWER AS A LIEN ON THE PROPERTY)

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_ Social Security No \_\_\_\_\_ Driver's License No. \_\_\_\_\_

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.

\_\_\_\_\_  
 (Signature of Applicant) (Date)  
 Must be 18 or older to sign application

\_\_\_\_\_  
 (Signature of Owner--If Different from Applicant) (Date) (Phone Number)

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 WIGGINS TOWN ORDINANCE NOS. 4-91 AND 5-91.

**FOR OFFICE USE ONLY**

WATER DEPOSIT: \$89.00

SEWER DEPOSIT: \$26.00

TOTAL: \$115.00

\_\_\_\_\_  
 DATE APPLIED FOR

\_\_\_\_\_  
 DATE DEPOSIT PAID (CHECK, CASH, COLORADO.GOV)

\_\_\_\_\_  
 ACCOUNT NUMBER

\_\_\_\_\_  
 DATE ENTERED INTO CASELLE