CITY OF STANWOOD SERVICE REQUEST FOR WATER, SEWER & GARBAGE

CONNECTIONS

Applicant(s) Name:		
SSN Number(s):	DOB(s):	
Service Address:		
Billing Address:		
Phone Number(s):		
Hook-up Date:		
assessed on the 21 st of the month posted for disconnection- 1 st Post (July 1 st -June 30 th) If payment no assessed additional fees. Paymen	If payment is not received by ing- no fee, 2 nd posting- \$20, t received by 9am on the secons can be made in the drop box	due by the 20 th of the month. Penalty charges will be by 9am on the last business day of month- Door will be 3 rd posting-\$40,4 th and after postings \$80.00 per fiscal year ond Monday of the month services will be disconnected and box located on the front of the building at city hall, in the he shut-off valve and shall have it in working order at all
Signature:	Date: _	
Meter Reading: I	Date read: Shut o	off valve working:yes no
\$150.00 DEPC	OSIT REQUIRED FOR ALI OST BE RECEIVED BEFOR	OR ALL RENTAL PROPERTY. L OWNER-OCCUPIED PROPERTIES RE SERVICES WILL BE CONNECTED.
Date deposit received:	Casn	Check No
		outstanding charges deducted. Owner occupied properties can insecutive months of no late payments.
	DISCONNE	<u>ECTIONS</u>
Requested Date of Disconnect: Forwarding Address:		
Signature of account holder:		Date:
Final Meter Reading:	Date read:	
Final bill amount: \$ Date refund check mailed:	Refund \$(if applicable	e) (if applicable)