

## INDIVIDUAL HOME/ UNIT SERVICE FOR SEWER APPLICATION

ACCT.NO

\*\*Deposit for NEW service sewer account is \$100.00 payable upon filing application\*\*

SERVICE ADDRESS		PARCEL NO:		
(PLEASE PRINT)				
RESPONSIBLE PARTY NAME		PHONE		
RESPONSIBLE PARTY MAILING ADDRESS	CITY	STATE	ZIP	
SOCIAL SECURITY NUMBER EMAIL		co	YES _ PY OF DRI\	NO /ERS LICENSE
EMPLOYER NAME  IS THE RESPONSIBLE PARTY PROPERTY C	DWNER TENAN	EMPLOYER PHONE		
NAME ON MORENCI WATER & ELECTRIC BILL F		·		)
PROPERTY OWNER'S NAME (IF DIFFERENT THE We The Undersigned, Hereby Make Application To The The Regular Published Rates And In Accordance With Service Until I/ We Notify The Town In Writing On The That The Town Of Clifton Or Its Representative May I Part To Comply With The Terms And Conditions Of The Outstanding Delinquent Amounts By Civil Action, What Incurred Throughout The Process Of Collections. ALL S 10% FOLLOWING 30 DAYS DELINQENCY	e Town Of Clifton For United Applicable Rules Content of the Form Provided By The Discontinue Service With a Surgeoment The Town which May Include Property	tility Services. I/We Agr Of The Town Of Clifton. Town Of Desired Ser Tout Further Notice To M Reserves The Right To F Torty Liens, Additional Co	ee To Pay Fo I/We Agree vice Disconn Me In Event ( Enforce The C ost, Penalties	To Pay For Such lects. I/ We Agree Of Failure On My Collection Of Any s And Other Fees
RESPONSIBLE PARTY SIGNATURE		DATE		
TOWN OFFICAL		DATE		