



INDIVIDUAL HOME/UNIT SERVICE FORM  
SEWER APPLICATION

ACCT.NO

**\*\*Deposit for NEW service account (sewer) is \$90.00 (3months), payable upon filing application\*\***

(PLEASE PRINT)

PROPERTY OWNER'S NAME

PHONE NUMBER

OWNER'S MAILING ADDRESS

CITY

STATE

ZIP

SERVICE ADDRESS

CITY

STATE

ZIP

NAME AS IT APPEARS ON MORENCI W & E BILL FOR THIS SERVICE ADDRESS

PARCEL NO. : \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

If a multi-unit property how many units \_\_\_\_\_? (List tenant's information on the back of this form)

We The Undersigned, Hereby Make Application To The Town Of Clifton For Utility Services. I/We Agree To Pay For Such Service At The Regular Published Rates And In Accordance With The Applicable Rules Of The Town Of Clifton. I/We Agree To Pay For Such Service Until I/We Notify The Town In Writing On The Form Provided By The Town Of Desired Service Disconnects. I/We Agree That The Town Of Clifton Or Its Representative May Discontinue Service Without Further Notice To Me In Event Of Failure On My Part To Comply With The Terms And Conditions Of This Agreement. The Town Reserves The Right To Enforce The Collection Of Any Outstanding Delinquent Amounts By Civil Action, Which May Include Property Liens, Additional Costs, Penalties And Other Fees Incurred Throughout The Process Of Collection. ALL SERVICES ARE BILLED MONTHLY LATE CHARGES ACCUMULATE AT 10% FOLLOWING 30 DAYS DELINQUENCY.

OWNER'S SIGNATURE

DATE

TENANT'S SIGNATURE

DATE

RESPONSIBLE PARTY'S DRIVER'S LICENSE NO.: \_\_\_\_\_

COPY OF LICENSE FOR FILE: YES \_\_\_\_\_ NO \_\_\_\_\_

TOWN OFFICIAL

DATE

(TENANT'S INFORMATION IF APPLICABLE)

1.

TENANT'S NAME	PHONE NUMBER
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TENANT'S MAILING ADDRESS	CITY	STATE	ZIP
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SERVICE ADDRESS	CITY	STATE	ZIP
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NAME AS IT APPEARS ON MORENCI W &E BILL FOR THIS SERVICE ADDRESS

2.

TENANT'S NAME	PHONE NUMBER
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TENANT'S MAILING ADDRESS	CITY	STATE	ZIP
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SERVICE ADDRESS	CITY	STATE	ZIP
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NAME AS IT APPEARS ON MORENCI W &E BILL FOR THIS SERVICE ADDRESS

3.

TENANT'S NAME	PHONE NUMBER
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TENANT'S MAILING ADDRESS	CITY	STATE	ZIP
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SERVICE ADDRESS	CITY	STATE	ZIP
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NAME AS IT APPEARS ON MORENCI W &E BILL FOR THIS SERVICE ADDRESS

4.

TENANT'S NAME	PHONE NUMBER
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TENANT'S MAILING ADDRESS	CITY	STATE	ZIP
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SERVICE ADDRESS	CITY	STATE	ZIP
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NAME AS IT APPEARS ON MORENCI W &E BILL FOR THIS SERVICE ADDRESS