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

_____ _____ ☐ YES ☐ NO

SOCIAL SECURITY NUMBER EMAIL COPY OF DRIVERS LICENSE

_____ _____

EMPLOYER NAME EMPLOYER PHONE

IS THE RESPONSIBLE PARTY ☐ PROPERTY OWNER ☐ TENANT

_____

NAME ON MORENCI WATER & ELECTRIC BILL FOR SERVICE ADDRESS (IF DIFFERENT THEN ABOVE)

_____ _____

PROPERTY OWNER'S NAME (IF DIFFERENT THEN ABOVE OR IF NEEDED) PHONE

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 Cost, Penalties And Other Fees Incurred Throughout The Process Of Collections. ALL SERVICES ARE BILLED MONTHLY, LATE CHARGES ACCUMULATE AT 10% FOLLOWING 30 DAYS DELINQENCY

_____ _____

RESPONSIBLE PARTY SIGNATURE DATE

_____ _____

TOWN OFFICAL DATE