City of Garrett

Sewer & Trash Application

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| Applicant Information |
| Name:  |
| Date of birth: | SSN: | Phone: |
| Address requesting service:  |
| City: | State: | ZIP Code: |
| Email: |  |  |
| Own Rent (Please Circle) | Copy of Lease yes no (please circle) | DL #: |
| Owners Name:  |
| Phone: | Address: |  |
| City: | State: | ZIP Code: |
| Employment Information |
| Current employer: |
| Employer address: | Phone: |
| City: | State: | ZIP Code: |
| Position:  | How Long?  |  |
|  |  |  |
| Emergency Contact |
| Name of a person not residing with you: |
| Address: |
| City: | State: | ZIP Code: | Phone: |
| Relationship: |
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| Banking Information for Auto Pay |
| Type of Card:  |
| Name on Card: |  |
| Credit Card Number | Expiration: | Code: |
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| Inspection/Deposit Information |
| Inspection Date: | Inspection fee paid? Yes or No  | Pass Fail (circle one) |
| Deposit: |  \_\_-- | Date: |
| Deposit Refund: |  | Date: |
| Notes: |  |
|  |  |
| Signature of applicant: | Date: |
| Signature of co-applicant: | Date: |