City of Garrett

Sewer & Trash Application

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 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: | |
|  |  | | | | |  | |
|  |  | | | |  | | |
| 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: |