



CITY OF TWIN CITY

APPLICATION FOR WATER/SEWER CONNECTION

NAME _____ SS# _____

SPOUSE NAME _____ SS# _____

STREET ADDRESS FOR SERVICE _____

CIRCLE ONE INSIDE CITY LIMITS OUTSIDE CITY LIMITS

MAILING ADDRESS _____

TELEPHONE # _____

PLACE OF EMPLOYMENT _____

EMPLOYER'S PHONE # _____

HAVE YOU EVER HAD SERVICE IN TWIN CITY? YES NO

IF SO, WHAT NAME WAS THE SERVICE IN? _____

ADDRESS OF PREVIOUS SERVICE _____

GARBAGE SERVICE IS MANDATORY FOR CITIZENS INSIDE THE CITY LIMITS, BUT OPTIONAL FOR CITIZIENS OUTSIDE THE CITY LIMITS.

IF YOU ARE OUTSIDE THE CITY LIMITS, DO YOU WANT GARBAGE SERVICES? _____

AMOUNT OF DEPOSIT \$ _____

DATE PAID/TRANSFERRED ____/____/____

APPLICANT AGREES TO COMPLY WITH ALL RATES, RULES AND REGULATIONS OF THE CITY OF TWIN CITY

SIGNATURE OF RESPONSIBLE PARTY

APPROVED:

CLERK: _____

DATE: _____

STATUS: _____

READING: _____