

**CITY OF SUNSET VALLEY
UTILITY SERVICE APPLICATION**

ACCOUNT #: _____

NEW RESIDENT PACKET

SERVICE LOCATION ADDRESS: _____

EFFECTIVE DATE: _____ (We are not able to back date service)

Service being requested: Water Wastewater Trash Pick Up

Last Name: _____ First Name: _____ MI: _____

Mailing Address: _____ City, State, Zip _____

Driver's License #: _____ State: _____ DOB: _____

Home Phone #: _____ Work Phone #: _____ Cell Phone #: _____

E-mail Address: _____

Employer's Name: _____

Employer's Address: _____

CO-APPLICANT (if applicable)

Last Name: _____ First Name: _____ MI: _____

Mailing Address: _____ City, State, Zip _____

Driver's License #: _____ State: _____ DOB: _____

Home Phone #: _____ Work Phone #: _____ Cell Phone #: _____

E-mail Address: _____

Employer's Name: _____

Employer's Address: _____

OWN / RENT Owner's Name: _____ Phone #: _____

Owner's Address: _____

Applicant Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____

FOR CITY USE ONLY

Security Deposit: \$ _____ Meter Number: _____

Reconnect Fee: \$ _____ Meter Reading: _____

Total Amount Paid \$ _____ Sequence #: _____

Date: _____

Received by: _____ Date: _____ Receipt #: _____

TRASH CANS/RECYCLE BINS ORDERED: _____

DATE OF SECURITY DEPOSIT REFUND: _____ Check #: _____