**Date**

|  |  |
| --- | --- |
| **SERVICE ADDRESS** | **Account Number** |
|  |  |
| **Owner Name** | **Phone** |
|  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Primary** | | **Secondary** | |
| **Name** | | **Name** | |
|  | |  | |
| **Social Security Number OR ITIN** | **Date of Birth** | **Social Security Number OR ITIN** | **Date of Birth** |
|  |  |  |  |
| **Current Driver’s License Number OR State ID** | | **Current Driver’s License Number OR State ID** | |
|  | |  | |
| **Email Address** | | **Email Address** | |
|  | |  | |
| **Cell** | **Home** | **Cell** | **Home** |
|  |  |  |  |
| **Employer** | **Employer Phone** | **Employer** | **Employer Phone** |
|  |  |  |  |
| **Mailing Address (if different from service address)** | | **Mailing Address (if different from service address)** | |
|  | |  | |

**How many of trash receptacle do you currently have?**

**How many of trash receptacle would you prefer?**

**Would you prefer your bill to be mailed or emailed?**

**What services do you currently have with the city? Water Sewer Trash**

|  |  |
| --- | --- |
| **Signature** | **Date** |
|  |  |
| **Signature** | **Date** |
|  |  |