



WATER/SEWER APPLICATION

SERVICE START DATE	
HAVE YOU HAD SERVICE IN GRISWOLD BEFORE?	
<i>A \$50 CONNECTION FEE WILL BE APPLIED ON ACCOUNT WITHOUT PREVIOUS SERVICE</i>	
PREVIOUS ADDRESS OF SERVICE (IF APPLICABLE)	

APPLICANT INFORMATION			
NAME		SSN	
PHYSICAL ADDRESS		DRIVER'S LICENSE	
MAILING ADDRESS		<i>Unpaid balance subject to income offset</i>	
PHONE NUMBER			

CO-APPLICANT INFORMATION			
NAME		SSN	
PHYSICAL ADDRESS		DRIVER'S LICENSE	
MAILING ADDRESS		If you are interested in email billing, please list your email below	
PHONE NUMBER		Email address: _____	

LANDLORD INFORMATION		REFERENCE/EMPLOYER INFORMATION	
NAME		EMPLOYER	
PHONE NUMBER		PHONE NUMBER	
		REFERENCE	
		PHONE NUMBER	

I hereby apply for utility services for the premises listed above pursuant to the rules and regulation of the City of Griswold. I acknowledge that all statements given above are accurate to the best of my knowledge. I agree to pay all bills rendered by the city until I give notice to the utility to discontinue service and I agree that late penalties will be assessed on any unpaid balances after the due date shown on the bill.

APPLICANT SIGNATURE	DATE	CO-APPLICANT SIGNATURE	DATE
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OFFICE USE ONLY

ACCOUNT #		TRANSPONDER #	
CONNECTION FEE		SEQUENCE #	
		BEGINNING READ	