

Town of Stedman
Application for Water and/or Sewer Service

Customer Information

Date of Application: _____ Cut On Date: _____
No. of Occupants: _____ SSN.: _____
Customer Name: _____ Email Address: _____
Service Address: _____ Phone No.: _____
Billing Address: _____ State/Zip Code: _____

This information is used solely for the puposes of USDA Federal Funding Reporting by the authority of Title VI of the Civil Rights Act of 1964.

Gender: Female Male
Ethnicity: Hispanic or Latino Not Hispanic or Latino
Race: American Indian/Alaskan Native Asian Black/African American Native Hawaiian/Other Pacific Islander White

Type of Services Applying For (check all that apply)

Type of Services Requested: Water Sewer Water/Sewer Irrigation **Property Location:** Inside Town Outside Town
Type of Property: Residential Commercial Mfg Industrial

I hereby apply for service as checked above at the address shown above and agree to abide by the rules and regulations governing such service.

Signed: _____ (Owner, Lessee*, Authorized Agent)

Drivers License/Picture ID: State: _____ Number: _____ Birthdate: _____

***Note: If this is a rental property, please list the landlords information below as requested.**

Landlord Name: _____ Address: _____
Phone Number: _____

****THIS SECTION FOR USE BY TOWN OF STEDMAN WATER & SEWER DEPARTMENT STAFF ONLY****

_____ Customer's Deposit Required:	_____ Account Number
_____ Water Tap Fee:	_____ Location Number
_____ Sewer Tap Fee:	_____ Meter Number
_____ FIF Fee:	_____ Meter Reading
_____ Tap Size:	_____ Recycle Cart Number
	_____ Date Services Turned On

Work Completed by: _____
Notes: _____

