



TODAY'S DATE: _____

SERVICE EFFECTIVE DATE: _____

Application for Water and/or Sewer Service

Customer Information

Please note: All new accounts require a refundable deposit *

Service Address: _____ City: _____ State: _____ Zip: _____

Billing Address (if different): _____

Name(s) on Account: 1) _____ 2) _____

Driver's License No: 1) _____ State _____ 2) _____ State _____

Date of Birth: 1) _____ 2) _____

Social Security No: 1) _____ 2) _____

Email Addresses: 1) _____ 2) _____

Phone Number(s): 1) _____ 2) _____

Deposit requirements: Homeowners: \$125 Rentals: \$150 Commercial: \$175

If this is a rental property, please list landlord's information below as requested.

Landlord's name: _____ Address: _____

Phone: _____

I hereby apply for the below service(s) at the address shown above and agree to abide by the rules and regulations governing such service.

- Bill due by 15th of the month
- \$10 late fee applied after 25th of the month
- Returned check incurs a \$35 fee
- Past due bill PLUS late fee not paid by the 15th of the following month, will be disconnected.
- \$50 total fee for reconnection and disconnection
- Full balance due to reconnect services

I agree to terminate services when I move out of the property, if I fail to terminate services by the last day of vacating the property, I will be responsible for any charges that are incurred until I contact Stedman Town Hall or a new tenant/owner applies for services for this property.

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

Signed: 1) _____ Date: _____ 2) _____ Date: _____

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

Deposit: _____ Account number: _____ Location number: _____

Water Tap Fee: _____ Sewer Tap fee: _____ FIF Fee: _____

Tap Size: _____ Meter Reading: _____ Meter Number: _____