



# WATER/SEWER APPLICATION

SERVICE START DATE	
HAVE YOU HAD SERVICE IN GRISWOLD BEFORE?	
<i>A \$40 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	<i>Unpaid balance subject to income offset</i>
PHONE NUMBER	

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

### OFFICE USE ONLY

ACCOUNT #	TRANSPONDER #
CONNECTION FEE	SEQUENCE #
	BEGINNING READ