

For office use only account # _____

APPLICATION FOR SEWER AND TRASH SERVICE

Name: _____

Address of Service: _____

Mailing Address for Billing: _____

Social Security Number: _____

Place of Employment: _____

Home Phone # (502) _____ Work # (502) _____

Name of Relative not living with applicant: _____
_____, Relationship: _____

Phone #: _____ () _____

Name of Property Owner: _____

Address: _____

Date of Water Service Start Up _____

Water District Notified? Yes _____ No _____

Deposit Fee Collected: Yes _____ No _____

Deposit Amount _____ Date Collected _____

Applicant Signature: _____

Date: _____

Application approval Made By: _____

Title: _____ Date _____

Application-Sewer