

Town of Sedgwick

Application for Water, Wastewater and Trash Services

for question please call (970) 463-8814

For Official Use Only

Account# _____

Customer# _____

Deposit is Required

Applicant Name: _____ Soc.Sec# _____ Drivers License# _____

Service Address: _____

Mailing Address: _____ State: _____ Zip: _____

Phone# _____ Emergency Contact: _____ Emerg. Phone: _____

Employer: _____ Work Phone# _____

Owner or Renter? _____ If Renter, Landlord Name: _____ Landlord Phone# _____

Landlord will need to sign this application at the bottom

- * I have been informed and understand bills will be mailed on the 1st of the month and payment is due by the 15th of each month to avoid penalties.
- * I understand that there is a base rate that may change by resolution of the Town.
- * I understand my services will be turned off if account goes over 45 days late.
- * I understand that if my services are shut off, there is a \$50 re-activation fee. (even if you requested the services off for long periods of travel)
- * I understand my service has a base rate with active services, and inactive base service are at a reduced rate. (all properties in town have a base rate)
- * My deposit will be applied to any remaining balance on the account before a refund is eligible.
- * The deposit is set by Town Resolution, and an original receipt is required for any cash refund. Cash refunds will be mailed within 30 days of termination of service, to the forwarding address, if the account is not delinquent.
- * I have been informed and understand it is my responsibility to notify Town Hall if I vacate and want services turned off. I will be legally responsible for all bills and fees that occur if I did not do so.
- * If a property has non-payment for over 3 months the Town will file a lien against the property (**Landlords Should be aware of this**)

By signing below, I hereby understand and agree to the above terms and conditions. This is a legal binding contract with the Town of Sedgwick.

Signature of Applicant

Date

Landlords/Owner:

I hereby agree, as Landlord/Owner of Service Location, with the terms of this application. I further understand and agree with the billing and payment procedures. I understand that if my tenant vacates and leaves the account with an outstanding balance it will be my responsibility. I understand that I have the right to keep the bills in my name, and my mailing address. Ultimately I am held responsible for said account by the Town of Sedgwick and hold the Town harmless there from.

Do you want the bill to be in your name and address? _____

If Yes, Please add your mailing address and Phone Number _____

Signature of Landlord

Date