

# 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