

Acct # \_\_\_\_\_

## City of Mount Zion Water & Garbage Application

Today's Date \_\_\_\_\_ Date Service Is Needed \_\_\_\_\_

Applicant's Name \_\_\_\_\_ DOB \_\_\_\_\_

Driver's License Number and State \_\_\_\_\_

Social Security # \_\_\_\_\_ Email \_\_\_\_\_

Service Address \_\_\_\_\_

Mailing Address if Different \_\_\_\_\_

Telephone Number \_\_\_\_\_

Applicant's Employer \_\_\_\_\_

Garbage Service \_\_\_\_\_ \$20 1<sup>st</sup> cart \_\_\_\_\_ \$12 additional cart

Renting (\$300 Deposit) \_\_\_\_\_ Buying (\$75 Deposit) \_\_\_\_\_

If renting-owner's name /address/phone \_\_\_\_\_

\_\_\_\_\_

Emergency Contact Who Does Not Live With You \_\_\_\_\_

\_\_\_\_\_

I hereby verify that the above information is correct to the best of my knowledge. Signature of Applicant \_\_\_\_\_

\_\_\_\_\_ Office Use Only \_\_\_\_\_

Deposit Amt

Date

Check/Cash/CC

Employee