Town of Century Application for New Service for Water and/or Gas

Name:		DOB:	
Service Address:			
Mailing Address:			
Home Phone:	Cell Phone:	Wo	ork Phone:
We appreciate you filling in your racial in you so that we are in compliance with the			nake an observation and check a box for
Residential Users: White	Black	Asian	American Indian
Residence Type: Rental	Owner	Mobile Home	Apartment
Employer:			Phone
Service Type: Water	Sewer	Gas	
Previous Customer: No	Yes		
Landlord: Name			Phone
All others residing at this addre			
Nearest relative not living with			
Name:		Relationship:	
Address:		Phone:	
Payments Due: 10th of e Late Fees Assessed: 15 th of ea Cut Off Date: 25 th of ea	nch month at 3:30 p.r		ater \$20 Gas)
Signature:	Date:		
Clerk's Name:	Date:		
Account Number:	Deposit Amount: Water: Gas:		