

TOWN OF VONORE
APPLICATION FOR WASTEWATER SERVICE

NAME _____

Date _____

Mailing Address _____

Home Phone _____
Work Phone _____

Service Address _____
(if different) _____

Social Security # _____

If Residence:

Own _____ Rent _____ If renter name of the Landlord _____

If Business:

Type of Business _____ Location is owned _____ Rented/Leased _____
If rented/leased name of the Landlord _____

Service Fees \$ _____

Tap Fees \$ _____
(If applicable)

The applicant agrees to the following conditions:

1. Application will be completed and required fees paid before service is installed.
2. Each residence or business location will have a separate wastewater service.
3. All payment of bills will be required as per the Town of Vonore billing and collection schedule or the service will be subject to collection procedures up to, and including termination of service.
4. If service is terminated for nonpayment, all billings and applicable fees will be paid in full before service is restored.
5. Rates for wastewater service are available at Vonore City Hall and are subject to change at any time upon the proper approval of the Board of Aldermen.
6. Employees of the town reserve the right to come onto private property to check, repair, or maintain the services.
7. Any false information given on this application may result in the immediate termination of the service.

I understand and agree to comply with the provisions stated above.

Applicant Signature

Date