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APPLICATION WILL NOT BE ACCEPTED OR UTILITY SERVICE APPROVED WITHOUT THE FOLLOWING:
    1. PICTURE IDENTIFICATION - MUST BE IN THE NAME OF THE PERSON THE ACCOUNT WILL BE ESTABLISH
    2. SOCIAL SECURITY NUMBER - MUST BE THE NUMBER OF THE PERSON THE ACCOUNT IS TO BE ESTABLIS
    3. DEPOSIT - THIS AMOUNT IS REFUNDABLE MINUS FINAL BILLING AT THE DISCONTINUANCE OF
        SERVICE
    4. PROOF OF OWNERSHIP OF RESIDENCE OR COPY OF RENTAL / LEASE AGREEMENT.
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| APPLICANT NAME |  |  |
| :---: | :---: | :---: |
| SERVICE ADDRESS |  |  |
| MAILING ADDRESS (if different from above) |  |  |
| CITY | STATE | ZIP CODE |
| TELEPHONE NUMBER | CELLULAR NUMBER | DATE OF BIRTH |
| DRIVERS LICENSE NUMBER / STATE | SOCIAL SECURITY NUMBER |  |
| HAVE YOU PREVIOUSLY HAD SERVICE IN THE CITY OF EMERSON? | E-MAIL ADDRESS |  |
| APPLICANT EMPLOYERS NAME | EMPLOYERS TELEPHONE NUMBER |  |
| IF ADDRESS IS RENTAL / LEASE - OWNERS NAME | OWNERS CONTACT INFORMATION |  |
| IS THERE A SPRINKLER SYSTEM AT THE RESIDENCE? | ARE YOU 65 OR OLDER AND HAVE AN INCOME UNDER THE CURRENT HHS POVERTY LEVEL? YES OR NO |  |
| NEAREST RELATIVE NOT LIVING WITH YOU |  |  |
| NAME ${ }^{\text {N }}$ | UMBER ${ }^{\text {a }}$ | IONSHIP |

All water bills are due and payable by the $20^{\text {th }}$ of each month. If the bill is not paid by this date, an automatic $10 \%$ late charge will be added to the past due balance and the total bill amount becomes due immediately. Applicant is responsible for all charges until the applicant has requested service to be terminated. If a past due amount is shown on the bill, the full amount due must be paid or service will be disconnected without further notice. Additional charges will apply for restoration of service and any other costs incurred in settling your account. Failure to receive a bill does not entitle delayed payment. There will be a $\$ 30.00$ charge for all returned checks.

I understand, and hereby agree to the following: (1) falsification of any of the above information may result in immediate disconnection of service without notice; (2) failure to pay account in accordance with the City of Emerson's policies will result in disconnection of service; (3) failure to pay final bill will result in account being submitted to collections. I will, as a result, be responsible for all late charges, interest and collection costs, including reasonable attorneys fees.

| SIGNATURE | DATE |
| :--- | :--- |
| READING | ACCOUNT NUMBER |

