

Are the following items located at the residence?

Garbage Container Yes No

Recycling Container Yes No

Yard Debris Container Yes No

City of Dunn

RESIDENTIAL APPLICATION FOR UTILITY SERVICE

Form MUST be completed in Full before service is made available. ID is REQUIRED.

The undersigned hereby make(s) application to the City of Dunn for the provision of all requirements of the following utility service(s) of the City of Dunn. CHECK ANY ONE OR MORE:

_____ WATER

_____ SEWER

_____ GARBAGE

To be provided at: _____

Applicant's Name

Social Security #

Driver's License #

Birthdate

Co-Applicant's Name

Social Security #

Driver's License #

Birthdate

Co-Applicant's Name

Social Security #

Driver's License #

Birthdate

Applicant's Billing Address

Telephone #

Applicant's Employer

Telephone #

Co-Applicant's Employer

Telephone #

If you are a RENTER or LEASEE, give NAME AND ADDRESS OF PROPERTY OWNER

Applicant's Previous Address

Nearest Relative not living with Applicant:

Name _____ Address _____ Telephone # _____

HAVE YOU EVER BEEN A UTILITY CUSTOMER OF THE CITY OF DUNN? YES NO If yes, When? _____

Name(s) of other adult(s) living in your home: _____

I certify that the above information is correct. I understand that if any information is found to be fraudulent, my utility services may be disconnected. I, the undersigned, do hereby agree to abide by all rules and regulations set forth by the City of Dunn Water Department. If I fail to make all payments when due as stated on the Water/Sewer bill, the department has the right to disconnect my service without further notice. In order for service to be restored, I will be required to pay ALL DUE amounts plus a reconnect fee. Any fees resulting from court action to collect on an account will be the responsibility of the customer. By signing this application, you are agreeing that you are at least 18 years of age.

Customer's Signature: _____ Date of Application: _____

Co-Applicant's Signature: _____ Date of Application: _____

Co-Applicant's Signature: _____ Date of Application: _____