

CITY OF AMES SEWER APPLICATION

Name: _____ Spouse' Name: _____

Address: _____ Phone #: _____

City & State: _____ Cell #: _____

Maiden Name: _____.

Relative Name & Address: _____

Phone #: _____ Cell #: _____

Driver's License #: _____

Physical Address: _____

Landlord's Name Address & Phone #: _____

Previous Tenant: _____

Previous Service: _____

Date: _____

Registration fee: _____ **TAP FEES:** _____

Payment Arrangements: _____

The above amount must be paid in full before service is connected. All fees are non-refundable

Owner / Renter' Signature _____.

Date

Account #: _____

Meter #: _____

Check #: _____ / Cash: _____ / Credit: _____

On Date: _____

City Secretary