

CITY OF AMES SEWER APPLICATION

	Date:
Name:	Spouse Name:
Address:	Phone#:
City & State:	Cell#:
Nearest Relative Name:	
Address:	
Phone:	Cell#:
Current Address:	
(If Renting) Landlord's Name, Address, 8	& Phone #:
Previous Sewer Service:	
**Owner/Renter's Signature:	Date:
**Owner/Renter's Signature:	d in full before service is connected. All fees are
**Owner/Renter's Signature: (The balance listed above must be pai	d in full before service is connected. All fees are stration/Deposit
**Owner/Renter's Signature: (The balance listed above must be paid non-refundable). There is a \$100 Regis	d in full before service is connected. All fees are stration/Deposit Tap Fee:
**Owner/Renter's Signature:	d in full before service is connected. All fees are stration/Deposit Tap Fee:
**Owner/Renter's Signature:	d in full before service is connected. All fees are stration/Deposit Tap Fee:/ Credit:



ALERTS

Please complete this form if you wish to be enrolled in The City of Ames alert notification system. Alerts will consist of payment notifications, upcoming events, recent news, and emergency notifications that affect the community.

	Name:		
	Email:		
	Cell Phone:		
I give the City of Ames permission to enter me into their alert notification system.			
Signature:		Date:	