

EFFECTIVE DATE # _____

ACCT #: _____

CONTRACT FOR SERVICE

NAME/BUSINESS _____ DOB _____

DR LIC # _____ SS# OR FED ID _____

SERVICE ADDRESS _____ PHONE# _____

MAILING ADDRESS _____ EMAIL _____

() RENT () OWN PROPERTY LANDLORD IF RENTING _____

EMPLOYER _____ PHONE# _____

SPOUSE/CO OCCUPANT _____ DOB _____

SS# _____ DL# _____

EMPLOYER _____ PHONE# _____

PREVIOUS ADDRESS _____

REFERENCE/CONTACT _____ RELATIONSHIP _____

ADDRESS _____ PHONE # _____

HAVE YOU EVER HAD SERVICE WITH THE CITY OF HARRAH? () YES () NO

AT WHAT ADDRESS? _____ WHEN? _____

THE UNDERSIGNED JOINTLY AND SEPARATELY AGREE TO PAY THE ESTABLISHED RATE SET FORTH BY THE CITY OF HARRAH AND OR HARRAH CITY COUNCIL PER CITY ORDINANCE. IT IS FURTHER AGREED THAT IF THE UNDERSIGNED PERMANENTLY LEAVES THIS ADDRESS, THEY ARE JOINTLY AND SEPARATELY RESPONSIBLE FOR ANY AND ALL BALANCES INCURRED WHILE LIVING AT SAID PREMISES. THE UNDERSIGNED AGREES TO ALL REGULATIONS GOVERNING SAID SERVICES.

**BE IT KNOWN THAT THIS APPLICATION BECOMES A CONTRACT UPON ESTABLISHMENT OF SERVICES.
I/WE DO AGREE TO ALL OF THE ABOVE STATED TERMS WITHIN THIS CONTRACT.**

CUSTOMER SIGNATURE DATE

JOINT CUSTOMER SIGNATURE DATE

*****THE FIRST BILL WILL INCLUDE 2 TRASH CHARGES – ONE FOR BILLING MONTH AND ONE FOR MONTH OF SERVICE START.*****

OFFICE USE ONLY:

*POLYCART x _____ / DUMPSTER X _____ SIZE _____ # OF PICKUPS WEEK _____
TRASH W/O # _____ WATER W/O # _____

METER # _____ RNI READ _____

DEPOSIT PAID BY: CASH CHECK CCD

ENTERED BY: _____