

TOWN OF EDINBURG

WATER AND/OR SEWER SERVICE REQUEST

DATE: _____

I, the undersigned, request that water and/or sewer services be turned on at:

NAME: _____

MAILING ADDRESS: _____

PHONE NUMBER: (H): _____ **(C):** _____

EMAIL: _____

RENT OR OWN LANDLORDS NAME: _____

Renters: Deposit is deducted from final bill or refunded in full if there is no outstanding balance. You **MUST** notify this office when you are planning to move from or to another location.

Trash pickup is every Wednesday and the trash must be out by 7:00 a.m.

Water bills are due by the 20th of each month, thereafter; a 10% penalty is applied to all outstanding balances, and subject to disconnection with additional fees. Should your account become delinquent and collection process begins, the undersigned will be responsible for all legal fees incurred to collect the debt.

Signature

Social Security Number

Signature

Social Security Number