**

# EMERADO MUNICIPAL UTILITIES $200 Deposit

**Request for Services for Rural**

## 1st Applicant

|  |  |
| --- | --- |
| **Name:** |   |
| **Birth Date:** |  |
| **Mailing Address:** |  |
| **City/State/Zip Code:** |  |
| **Phone Number:** |  |
| **E-Mail:** |  |
| **Employer:** |  |
| **Employer Phone:** |  |

**Landlord**

|  |  |
| --- | --- |
| **Name:** |  |
| **Mailing Address:** |  |
| **City/State/Zip:** |  |

**Billing Services Break Down**

## 2nd Applicant

|  |  |
| --- | --- |
| **Name:** |  |
| **Birth Date:** |  |
| **Mailing Address:** |  |
| **City/State/Zip Code:** |  |
| **Phone Number:** |  |
| **E-Mail:** |  |
| **Employer:** |  |
| **Employer Phone:** |  |

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| --- | --- |
| Water | $20.22 min. for the first 1000gallons (plus $13.43 per 1000 gallons over the 1000**Total Basic Bill: $20.22** |
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*I UNDERSTAND THE ABOVE CHARGES ARE MY RESPONSIBILITY OF PAYMENTS BY THE DUE DATE, WHICH IS THE 1st OF EACH MONTH.* ***I ALSO UNDERSTAND THAT IF PAYMENT IS NOT MADE BY THE 15TH THAT A LATE FEE OF $10.00 WILL BE ASSESSED, AND THAT SERVICES WILL BE DISCONNECTED AFTER 30 DAYS OF NON-PAYMENT.***

### Applicant Sign & Date

**Office Use**

###

|  |  |
| --- | --- |
| Date: |  Cash |
|  Check #  |
| Amount Paid: |
|  Credit Card |

|  |  |
| --- | --- |
| Account #: | Entered: |
|  | Initials: |