



**APPLICATION FOR WATER/SEWER CONNECTION**

NAME \_\_\_\_\_

STREET ADDRESS FOR SERVICE \_\_\_\_\_

(INSIDE OR OUTSIDE CITY)

MAILING ADDRESS \_\_\_\_\_

TELEPHONE # \_\_\_\_\_

PLACE OF EMPLOYER \_\_\_\_\_

EMPLOYER'S PHONE # \_\_\_\_\_

*Have you ever had services in Twin City? Yes or No? If yes, what was the name and previous services address?* \_\_\_\_\_

**GARBAGE SERVICES IS MANDATORY FOR CITIZENS INSIDE THE CITY LIMITS, BUT  
OPTIONAL FOR CITIZENS OUTSIDE CITY LIMITS**

IF OUTSIDE, DO YOU WANT GARBAGE SERVICES? Yes or No

**AMOUNT OF DEPOSIT \$100.00**

**APPLICANT AGREES TO COMPLY WITH ALL RATES, RULES, ANF REGULATIONS OF THE CITY OF TWIN CITY**

\_\_\_\_\_

**SIGNATURE OF RESPONSIBLE PARTY**

**APPROVED**

**CLERK:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**STATUS:** \_\_\_\_\_

**READING:** \_\_\_\_\_

***“TWICE AS FRIENDLY; TWICE AS NICE! “***