



**Application for Residential Sewer
Winter Period Consumption Base**

Rate to be applied April 1 through September 30, _____

Note: This application MUST be filled out on or before April 1, of the current year no exceptions

DATE OF REQUEST: _____

APPLICANT NAME: _____

ADDRESS: _____

APPLICANT SIGNATURE: _____

For Office Use Only

NAME OF ACCOUNT: _____

ACCOUNT NUMBER: _____

SIX MONTH AVERAGE (OCT. TO MAR.): _____ INITIALS: _____

FINANCE DIRECTOR SIGN: _____