

Application for Water/Sewer/Refuse Service

Last Name	First Name	Mid Int.	Deposit Amount
Home or Cell Phone:	Email Address:	Date of Birth:	Social Security Number:
Photo ID Required (Must include a copy of <u>valid</u> ID or Tax ID form:			
DL State:		DL Number:	
Other Id: List type		ID Number:	
Service/Location Address:	Account Number:		
Full names including middle initial for any adults age 18 or older living in this location:		Birth Date	Social Security Number
Turn On Date:		Appointment Time:	
Bill Mailing Address <i>*If different from Service Address*</i>:			
Owner or Tenant:			
Name of property owner:			
City of Corry Service Contract			
<p>Subject to the Rules and Regulations of the City of Corry, I hereby make application for Water/Sewer/Refuse service for meter at listed address above, and in consideration of delivery of water/sewer/refuse service to me/us by the City of Corry, I/we agree to pay for services rendered to the above premise at the published rates of the City of Corry, on or before the 15th of each month following the month in which service is supplied, and to settle all bills at the Municipal Building during regular business hours, excepting that bills become due and payable upon termination of services. I also understand that it is my responsibility to protect the meter from damage or I/we may be charged for repairs or replacement. I/we understand that the account will remain open and continue to accrue charges until I/we personally request and sign a termination agreement.</p>			
<p><i>If a residential account, list names of ALL persons 18 and older that will be living at the residence including their birthdate and SSN. Requested information is required for internal use only. No private information is shared with outside agencies. I also give permission for all listed adults to have access to account information including charges. All adults living in the residence are equally responsible for any charges.</i></p>			
Signature of primary account holder:			Date:

TASK	COMPLETED	INITIALS
MAKE ACCT ACTIVE AND FILL IN INFO FROM UNKNOWN		
CHANGE START DATE		
BILL TO INFO		
ADD NAME		
DL #		
SS#		
RECEIVE BILLS-YES		
RECEIVE NOTICES-YES		
PHONE NUMBER		
E- MAIL		
ACH		
E-BILLING		
METER ACTIVE		
ALL SERVICES ACTIVE		
OWNER CORRECT		

TASK-STARTING FROM ACTIVE	COMPLETED	INITIALS
FINALIZE TAB IN SERVICE ADDRESS		
NEW BILL INFO		
LANDLORD OR NEW OWNER INFO		
NEW ACCT CUSTOMER FILLED IN		
WORK ORDER		
DEPOSIT OPTION-FOR CURRENT ACCT HOLDER ONLY		
CONTINUE AND PRINT WORK ORDER		

DEPOSIT	COMPLETED	INITIALS
DEPOSIT ON ACCT OR 5507		
TRANSFER TO ACCT FROM 5507		
VERIFY DEPOSIT ON ACCT		