		N FOR HOOKOF OF WATER/SEWER SERVICE
Additional Name(s)  Name  on Account		
Name	on Account	· ·
Address Move in Date		
Mailing Address (if different)		
Phone	Email	SSN (Last 4)
Own or Rent (Circle One)	Landlord Name & Number (If R	Rentina)
		or premises where a connection has been made
snali piace a \$150.00 deposit with	the City. (A deposit is required by bo	oth tenant AND landlord of a residence)
REFUND OF DEPOSIT. The dep	osit shall be returned on termination	of service and payment of bill in full
		Initial
		,
user whose water services is disc	onnected for delinquency in the paym	pon five days notice in writing to such user. Any nent of any water or sewer service charges shall ent bills, before such water service is restored.    Initial
		notify the City of Harrisburg of any change in of payment for all utility services until closing date
от томоо то мрт		Initial
CERTIFICATION OF SERVICE:	I hereby certify that I have read and	examined this application and know the same to
	of laws and ordinances governing th	···
Applicant Signature	Harrichurg parmiceies to verify	Date
Completed applications can be en	Harrisburg permission to verify your i nailed to Jill.Johnke@harrisburgsd.go by of your Identification card/driver's li	ov or dropped of at City Hall during office hours
Account Number:	Notes:	icerise is required
Deposit:		
Application Assented Dur		
Application Accepted By:		
1		