CITY OF NOTUS

Water/Sewer/Trash Service Application

SERVICE LOCATION:	
CHECK ONE BOX: Residential Commercia	al
ACCOUNT NAME:	
MAILING ADDRESS:	
HOME PHONE: DATE OF BIRTH	H: S.S. NO.:
PLACE OF EMPLOYMENT:	PHONE:
LENGTH OF EMPLOYMENT:	
PROPERTY OWNER:	•
NAME:	PHONE:
ADDRESS:	
FRIEND OR RELATIVE NOT LIVING WITH YOU:	
NAME:	PHONE:
ADDRESS:	
REQUESTED DATE OF SERVICE:	
TRASH COLLECTION PROVIDER:	
	Notus, Idaho, hereinafter referred to as the City, and the customer, whose name
	ng the municipal water and sewer systems as well as Ordinances regulating
All plumbing shall meet the specifications as set out in the Ordinances an	nd Regulations of the City of Notus and the State of Idaho.
The City agrees to use reasonable diligence in providing a regular and ur shall not be liable in damages to the consumer for failure to provide water injury by reason of an act of God, accident, or other unavoidable cause.	ninterrupted supply of water and sewer service, but does not guarantee such and r and sewer service. It is further agreed that the City shall not be liable for any
comply with the Ordinances or requirements of the City. The consumer a	nal billing date. No reminders of any kind will be given prior to termination. In
	Date
Consumer:	Date;
City of Notus:	
Ву:	Date:
Acct. No	Deposit Record:
	Refund
Service Discontinued	Delinquency

Refund Date ___