

**CITY OF BOLIVAR
PERSONAL UTILITY SERVICE AGREEMENT**

EFFECTIVE DATE _____ ROUTE NO _____ ACCT NO _____

1ST RESIDENT NAME _____ BIRTHDATE ____/____/____

Last Four of Social Only

SN# 000-00- _____ DRIVERS LICENSE # _____ PH/CELL # _____

PLACE OF EMPLOYMENT: _____ PHONE # _____

MAY WE CONTACT YOU AT WORK IF NECESSARY? ___ YES ___ NO

2ND RESIDENT NAME _____ BIRTHDATE ____/____/____

SN# 000-00- _____ DRIVERS LICENSE # _____ PH/CELL # _____

SERVICE ADDRESS _____

BILLING ADDRESS _____

HOME PHONE _____ CELL PHONE _____ # IN HOUSEHOLD _____

ANIMALS IN YARD KNOWN TO BITE? Y / N _____ OWN _____ RENT _____

IF RENTING, LANDLORD'S NAME _____

LANDLORD'S PHONE NUMBER _____

ADDRESS TO BE SERVED IS: ___ HOUSE ___ APT. ___ DUPLEX ___ COMMERCIAL

TRASH SERVICE: Y / N DATE OF FIRST PICKUP _____

GARRETSONS: Y/N DATE OF FIRST PICKUP: _____ POLY CART: YES / NO

REPUBLIC SERVICES: Y/N DATE OF FIRST PICKUP _____

PRIOR WATER SERVICE WITH CITY OF BOLIVAR? Y / N

IF YES, PRIOR SERVICE ADDRESS _____

EMERGENCY CONTACT _____

RELATIONSHIP _____ PH# / CITY _____

I AGREE TO ABIDE BY ALL OF THE BOLIVAR CITY ORDINANCES PERTAINING TO WATER AND SEWER SERVICES AND STATE THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE THIS ____/____/____

SIGNATURE _____

SIGNATURE _____