

CITY OF NEW PLYMOUTH

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ACCT No: _____



WATER & SEWER APPLICATION

Reading: _____
 On Off

CUSTOMER INFORMATION

Applicant Name:	Date of Birth: <i>(Applicants must be at least 18 years old)</i>
Date of Occupancy:	
SSN: <i>(last four digits only)</i>	Driver's License No:
Service Address:	
Mailing Address: <i>(if different)</i>	
Home Phone:	Cell Phone:
Email Address:	
Employer Name, Address, Phone #:	
Previous Address:	
Applicant is: <input type="checkbox"/> Owner <input type="checkbox"/> Landlord/Owner <input type="checkbox"/> Renter <input type="checkbox"/> Property Manager 3-3-3: TURNING WATER ON: (B) No water shall be turned on until there is first paid to the city clerk a deposit of one hundred thirty five dollars (\$135.00). A deposit shall not be refunded until the depositor has made twelve (12) consecutive timely payments. (Ord. 369, 12-4-2017) Deposit: \$135.00 Receipt # _____ Date: _____	

SPOUSE/ROOMMATE INFORMATION

Spouse/Roommate Name:	
Date of Birth:	Phone #:
Driver's License No:	SSN: <i>(last four digits only)</i>

PROPERTY OWNER INFORMATION

Property Owner Name/Address: <i>(if different)</i>
Property Manage Name/Address: <i>(if different)</i>

By signing this application, I acknowledge that I am responsible for city services charges until I give **WRITTEN NOTICE** to the City of New Plymouth for discontinuing services.

Applicant Signature: _____ **Date** _____

Spouse/Roommate Signature: _____ **Date** _____