

CITY OF FRUITLAND

200 S. Whitley Drive
Po Box 324
Fruitland, ID 83619
Phone: 452-4421
Fax: 452-6146

www.fruitland.org
spearcy@fruitland.org



WATER & SEWER APPLICATION

Reading _____

On Off

ACCT No: _____

CUSTOMER INFORMATION

Applicant Name: _____

Date of Occupancy: _____

Date of Birth: _____

SSN: (last four digits only) _____

Driver's License No: _____

Service Address: _____

Mailing Address: (if different) _____

Home Phone: _____

Cell Phone: _____

Email Address: _____

Employer Name, Address, Phone#: _____

Previous Address: _____

Applicant is: Owner Landlord/Owner

Applicant is: Renter (deposit required) Property Manager (deposit required)

8-1-1: DEPOSIT REQUIREMENTS: No applicant for water service who does not own real estate within the city shall have water delivered or turned on until they have deposited with the city clerk the sum of one hundred seventy five dollars (\$175.00) which deposit shall be refunded to such applicant at the time the applicant orders the water turned off and no money is due from the applicant. The provisions of this section may be waived if the landowner from whom the applicant is leasing signs a waiver in the form prescribed by the city clerk, wherein the landowner agrees to be responsible for payment of the applicant's water and/or sewer bill in the event applicant fails, refuses or neglects to pay the same. (Ord. 583, 8-11-2014)

Deposit \$175.00 Receipt # _____ **Date:** _____

SPOUSE/ ROOMMATE INFORMATION

Spouse/ Roommate Name: _____

Date of Birth: _____

Phone #: _____

Driver's License No: _____

SSN: (Last four digits only) _____

PROPERTY OWNER INFORMATION

Property Owner Name/Address: (if different) _____

Property Manager Name/Address: (if different) _____

- Notify me when I become eligible for the Level Pay Program.
 Yes, I am interested in the Direct Pay Program. Please send me information to get signed up.

Applicant Signature: _____ **Date** _____

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