

# CITY OF FRUITLAND

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## SEWER SERVICE APPLICATION

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:**  Property Manager (deposit required)

**DEPOSIT REQUIREMENTS:** Any applicant for sewer service who does not own real estate within the city shall be required to deposit with the city clerk-treasurer the sum of one hundred dollars (\$175.00). The deposit shall be refunded to the applicant at the time the applicant orders the sewer service discontinued, provided the applicant is current in payments. This requirement may be waived if the landowner from whom the applicant is leasing signs a waiver in the form prescribed by the city clerk-treasurer, wherein the landowner agrees to be responsible for payment of the applicant's sewer bill in the event applicant fails, refuses or neglects to pay the same. **PAYMENT REQUIREMENT:** 8-1-3: D. In the event a sewer user who is not connected to the water system fails to pay when the sewer usage fee becomes due and payable, the fee shall become delinquent. After the fee becomes delinquent, the city may discontinue sewer services to the property. To discontinue sewer services the city may take whatever action is necessary to keep waste from the property, which is subject to the delinquency from accessing city lines, settling ponds or other city sewage facilities. This may be accomplished by inserting inflatable bladders in appropriate locations, disconnecting sewer lines where necessary or by taking whatever actions are deemed necessary to discontinue the service. In addition, the city may file a lien against the property using the service and may foreclose the lien in a judicial proceeding or the city may assess the lien as a tax against the property.

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

### SPOUSE/ ROOMMATE INFORMATION

**Spouse/ Roommate Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Driver's License No:** \_\_\_\_\_

**SSN:** (Last four digits only) \_\_\_\_\_

Yes, I am interested in the Direct Pay Program. Please send me information to get signed up.

**Applicant Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Spouse/ Roommate Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_