

**City of Springfield**  
**PUBLIC WORKS DEPARTMENT**

**APPLICATION FOR SERVICE**

PLEASE SUPPLY THE FOLLOWING INFORMATION  
PLEASE PRINT CLEARLY

NAME OF PERSON MAKING APPLICATION \_\_\_\_\_

COMPLETE NAME SERVICE IS TO BE IN \_\_\_\_\_

SERVICE ADDRESS \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ OTHER PHONE \_\_\_\_\_

DO YOU OWN \_\_\_\_\_ OR RENT? \_\_\_\_\_ PROPERTY OWNER \_\_\_\_\_

**FOR OFFICE USE ONLY**

DRIVER'S LICENSE # \_\_\_\_\_

DATE TO CONNECT SERVICE \_\_\_\_\_

STATE \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_

**(FOR USE OF METER READER ONLY)**

SOCIAL SECURITY # \_\_\_\_\_

READING \_\_\_\_\_ DATE \_\_\_\_\_

**DEPOSIT INFORMATION**

**SERVICE AVAILABLE**

**DEPOSIT AMOUNT**

**REFUNDABLE AMOUNT**  
(-\$25.00 ADMIN FEE)

WATER

\$100.00

\$ 75.00

\$125.00

\$100.00

\$130.00

\$105.00

SEWER

\$145.00

\$120.00

\$150.00

\$125.00

GARBAGE

\$170.00

\$145.00

CASH

CHECK# \_\_\_\_\_

**APPLICANT SHOULD READ DEPOSIT INFORMATION CAREFULLY BEFORE SIGNING THIS APPLICATION.**

**FAILURE TO RECEIVE A BILL DOES NOT EXCUSE NON-PAYMENT.**

APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

CLERK \_\_\_\_\_ DATE \_\_\_\_\_