



City of
SUMMERSET
A GREAT PLACE TO CALL HOME

CITY UTILITY APPLICATION
TRASH COLLECTION SERVICE & SEWER/WASTEWATER SERVICE

General Information (Please Print)

Move in Date: _____

Customer Name _____ Phone # _____

Business Name if applicable _____ Business FEIN# _____

- Spouse
- Significant Other
- Roommate _____ Phone # _____

Service Address _____

Mailing Address _____ Same as above

- Yes! Paperless Billing (E-billing)
- Yes! Text for alerts

Email for E-billing _____ Phone # _____

I am the Owner Agent Tenant (if you are renting, please complete the following)

Name of Property Owner/Landlord _____ Landlord's Phone _____

Landlord's Address _____ Landlord's Email _____

Deposit:

A deposit is required for all customers (see fee schedule). This deposit will be held by the City until the account is closed. If the account is current at the time of closing, the deposit will be refunded to the customer upon approval of the claim by the City Commission. **If there is a balance on the account, this deposit will be applied to the outstanding balance.** A \$15 late fee will be assessed to your account each month payment is not received by the due date. A \$30 return check fee will apply.

Fee Schedule:	
<input type="checkbox"/> Commercial Account	\$100
<input type="checkbox"/> Residential Owner Account	\$50
<input type="checkbox"/> Residential Rental Account	\$100

Acknowledgement:

I have read and understand the above billing process summary.

Signature _____ Date _____

FOR OFFICE USE ONLY

Amount of Deposit _____	Date Paid _____	Payment Type: <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card
Account Changes/Disconnect:		
Forwarding Address _____	Effective Date _____	
Notes: _____		



City of
SUMMERSET
A GREAT PLACE TO CALL
HOME

Race and Ethnicity Data Collection

In accordance with Federal Law and US Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability (Not all prohibited bases apply to all programs). To file a complaint of discrimination, write to the USDA Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue SW, Washington, DC 20250-9410 or call (202) 720-5964 (voice or TDD). USDA is an equal opportunity provider and employer.

The Civil Rights Act of 1964 requires Race and Ethnicity Data Collection for beneficiaries for federally assisted programs. Please read disclosure below.

"The following information is requested by the Federal Government for certain types of loans and grants, in order to monitor compliance with civil rights laws. You are not required to furnish this information but are encouraged to do so. The law requires that a program recipient may neither discriminate on the basis of this information nor on whether you choose to furnish it. However, if you choose not to furnish it, under federal regulations, this program representative is required to note race/ethnicity on the basis of visual observation or surname"

I do not wish to furnish this information

Ethnicity:

Hispanic or Latino

Not Hispanic or Latino

Race (mark one or more):

White

Black or African American

American Indian/Alaska Native

Asian

Native Hawaiian or other Pacific

Gender:

Male

Female

Information provided by Management