## CITY OF PETERSBURG



Individual Re	equesting Meter Connection:			
First Name		Middle Initial	Last Name	
Social Security NumberDL/Photo ID Number (			ID Number (required)	
Street Address	dressMailing Address			
City		Zip Code		
Home Phone/C	Cell Phone Number (required)		Work Number(required	d)
Spouse/Other I	Information: Relationship to A	account Applicant_		
First Name		Middle Initial	Last Name	
Social Security Number		Drivers License Number (required)		
Street Address		Mailing	Address	
City		Zi	Code	
Home Phone/C	Cell Phone Number (required)		Work Number(require	d)
In making thi connection. I full of money statement tha Failure to mal and additiona responsible fo	CE ADDRESS s request, I understand that a understand that if either of the owed will be required before a t is due by the 10 <sup>th</sup> of each more ke the full payment by 10am of al charges added to the account or payment of all monies due u	e above individual a meter connection nth. Failure to mal on the 20 <sup>th</sup> of each t (see attached wat	(s) owes money to the City of . I understand that I will rece ke a payment on time will result nonth will result in the terminer policy). I also acknowledge	Petersburg, payment in ive a monthly ult in a 15% late fee. nation of water services
Signature			Date	
Signature			Date	
		FOR OFFICE US	ONLY	
	Date Services Connected_			
	Book Number			

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Signature \_\_\_\_