

**TOWN OF WIGGINS APPLICATION FOR UTILITY SERVICE**

LEAVE ON BETWEEN RENTERS

I, \_\_\_\_\_ DO HEREBY MAKE APPLICATION FOR UTILITY SERVICE FROM THE  
(Print Applicant's Name)

TOWN OF WIGGINS AT \_\_\_\_\_  
(Service Address)

Effective Date of Service Beginning \_\_\_\_\_ Email \_\_\_\_\_

- I AM THE
- MANAGER**
- OWNER**
- TENANT**

\_\_\_\_\_  
Name of Owner

\_\_\_\_\_  
(Tenant Mailing Address)

City State ZIP

\_\_\_\_\_  
(Owner Mailing Address)

**(OWNER OF THE PROPERTY WILL BE RESPONSIBLE FOR THE PAYMENT OF THE WATER & SEWER AS A LIEN ON THE PROPERTY)**

City State ZIP

Home Phone Business Phone Social Security No Driver's License NO.

I DO HEREBY CERTIFY THAT I AM THE ABOVE NAMED APPLICANT AND THAT I WILL BE RESPONSIBLE FOR PAYMENT OF UTILITY SERVICES PROVIDED AT THE ABOVE ADDRESS FROM THE REQUESTED DATE OF SERVICE UNTIL I HAVE PROPERLY NOTIFIED THE TOWN OF WIGGINS TO DISCONTINUE SUCH SERVICES. ANY UTILITY DEPOSIT I HAVE MADE MAY BE APPLIED BY THE TOWN TO THE FINAL BILLING. IF I AM A TENANT, I AGREE THAT MY UTILITY SERVICE INFORMATION WITH THE TOWN OF WIGGINS MAY BE RELEASED TO THE OWNER OF THE PROPERTY OR THEIR DESIGNATED REPRESENTATIVE AT ANY GIVEN TIME.

\_\_\_\_\_  
(Signature of Applicant) (Date)  
Must be 18 or older to sign application

\_\_\_\_\_  
(Signature of Owner—If Different from Applicant) (Date) (Phone Number)

AS THE OWNER OF THE PROPERTY LISTED ABOVE, I REALIZE THAT I AM JOINTLY AND SEVERALLY LIABLE FOR THE PAYMENT OF ANY CHARGES ACCRUING FOR WATER AND SEWER SERVICE IN ACCORDANCE WITH WIGGINS TOWN ORDINANCE NOS. 4-91 AND 5-91.

**FOR OFFICE USE ONLY**

\_\_\_\_\_  
DATE APPLIED FOR

\_\_\_\_\_  
DATE DEPOSIT PAID (CHECK, CASH, COLORADO.GOV)

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

\_\_\_\_\_  
DATE ENTERED INTO CASELLE