



REQUEST FOR UTILITY SERVICE

CUSTOMER _____

SERVICE ADDRESS _____

MAILING ADDRESS _____

PHONE: _____

Drivers's License/ID _____

OWN RENT BUSINESS Owner's Name _____

Owner's Phone _____

Owner's Authorization Form: Yes No

I hereby agree to conform to the Royal City Municipal Code and to pay all charges for utility services of the City when due.

Applicant's Signature: _____ **Date:** _____

Forwarding Address For Refunds: _____

OFFICE USE ONLY

Date of Service: _____ **Type of Service:** Residence Business

Account #: _____ **Service#:** _____

Start Service/New Stop Service/Moving Vacation Stop Service Vacation Start Service

Water Connection Sewer Connection Water Development Sewer Development

COMMENTS: _____

METER INFORMATION

GARBAGE INFORMATION

Meter Reading _____

Garbage Container (size _____)

Locked Out: Yes No

E-Mail Information to CDSI: Yes No

Work Order to Public Works: Yes No

Work Order to Public Works: Yes No

DEPOSIT INFORMATION

Amount Received for Deposit \$ _____

Amount Redunded \$ _____

Cut in Out Fee \$ _____

Check Number _____

Total \$ _____

Date Refunded: _____

Receipt Number _____

Refund to Customer \$ _____

Date Paid _____

Applied to Account \$ _____

Clerks Intials: _____

