

**CITY OF SIDNEY
WATER, SEWER, SANITATION SERVICE AGREEMENT**

Service Address			Account #	
First	Middle	Last	SS#	DOB
First	Middle	Last	SS#	DOB
Mailing Address				
<input type="checkbox"/> Rent	<input type="checkbox"/>	Number in Household:	Telephone #	
<input type="checkbox"/> Own	<input type="checkbox"/>			
Contact			Address	
Employer			Address	
Employer			Address	
<p>I hereby make application for water, sewer, and sanitation service with the City of Sidney. I agree to comply with the rules and regulations of the City of Sidney Water Department which are made a part hereof as though fully rewritten herein, and to pay promptly, when due, all bills for services furnished to me. I agree to notify the City of Sidney Utility Office when I wish service terminated or transferred.</p>				
Signature			Date	
Signature			Date	