**

# EMERADO MUNICIPAL UTILITIES $100 Deposit

**Request for Services for Residential**

## 1st Applicant

|  |  |
| --- | --- |
| **Name:** |   |
| **Birth Date:** |  |
| **Mailing Address:** |  |
| **City/State/Zip Code:** |  |
| **Phone Number:** |  |
| **E-Mail:** |  |
| **Employer:** |  |
| **Employer Phone:** |  |

**Landlord**

|  |  |
| --- | --- |
| **Name:** |  |
| **Mailing Address:** |  |
| **City/State/Zip:** |  |

**Billing Services Break Down**

## 2nd Applicant

|  |  |
| --- | --- |
| **Name:** |  |
| **Birth Date:** |  |
| **Mailing Address:** |  |
| **City/State/Zip Code:** |  |
| **Phone Number:** |  |
| **E-Mail:** |  |
| **Employer:** |  |
| **Employer Phone:** |  |

|  |  |
| --- | --- |
| Water | $18.09 min. for the first 1000gallons (plus $12.01 per 1000 gallons over the 1000 |
| Sewer | $26.33 |
| Public Service | $27.38 |
| Public Service Vehicle | $2.62 |
| Improvement | $2.00 |
| Infrastructure | $15.50 |
| Streetlights | $4.20 |
| City Hall | $7.00 |
| Mosquito Control | $6.50 |
| Lagoon | $2.00 |
| Sanitation | $18.26 |
| **Total Basic Bill** | **$129.88** |

*I UNDERSTAND THE ABOVE CHARGES ARE MY RESPONSIBILITY OF PAYMENTS BY THE DUE DATE, WHICH IS THE 1st OF EACH MONTH.* ***I ALSO UNDERSTAND THAT IF PAYMENT IS NOT MADE BY THE 15TH THAT A LATE FEE OF $10.00 WILL BE ASSESSED, AND THAT SERVICES WILL BE DISCONNECTED AFTER 30 DAYS OF NON-PAYMENT.***

### Applicant Sign & Date

**Office Use**

###

|  |  |
| --- | --- |
| Date: |  Cash |
|  Check #  |
| Amount Paid: |
|  Credit Card |

|  |  |
| --- | --- |
| Account #: | Entered: |
|  | Initials: |