



EMERADO MUNICIPAL UTILITIES

Request for Services for Residential

\$100 Deposit

1st Applicant

Name:	
MOVE IN DATE:	
Mailing Address:	
City/State/Zip Code:	
Phone Number:	
E-Mail:	
Employer:	
Employer Phone:	

2nd Applicant

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

Landlord

Name:	N/A
Mailing Address:	N/A
City/State/Zip:	N/A

Billing Services Break Down

Water	\$18.28 min. for the first 1000 gallons (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	\$130.07

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

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Office Use

Date:	
Amount Paid:	<input type="checkbox"/> Check #_____
	<input type="checkbox"/> Credit Card

Account #:	Entered:
	Initials: