Brighton Municipal Water and Sewer Application **Start Date: _____**

Service Address: _____ Account Number _____

Mailing Address (Where the bill will be sent to): _____

Applicants Name: _____ Date: _____

Phone Number: _____ Email: _____

Mailing Address: _____

Employers Name: _____

Employers Phone Number: _____

Joint Applicants Name: _____

Phone Number: _____ Email: _____

Employers Name: _____

Employers Phone Number: _____

Homeowner:
Mortgage Holder: _____
Mortgage Holder Phone Number: _____

Landlord:
Name: _____ Phone Number: _____

_____ _____

Landlord Signature Date

Applicant(s) certify the following statements are true, accurate, and are complete to the best of their knowledge and belief. Applicant(s) agree to pay Village of Brighton for Water and/or Sewer services at prevailing rate. Applicant(s) agree that, if applicant(s) vacate the above premises, and a balance for water and/or sewer service remains unpaid for more than thirty (30) days, that applicant(s) will be held liable for any expense that the Village of Brighton incurred in an effort to collect said balances, including but not limited to court costs and attorney's fees. Applicant(s) understand that no refund of deposit shall be made until applicant(s) or other joint users of said service residing in the above indicated residence, have vacated the premises and account has been finalized.

_____ _____

Applicant Signature Date

_____ _____

Joint Applicant Signature Date

FOR OFFICE USE ONLY:

Deposit Amount: _____ Date Paid: _____ CASH Check Credit Card

_____ _____

Authorized Signature Date