CITY OF GORDON
WATER AND/OR SEWERAGE APPLICATION

DEPOSIT:_____ ☐ EXISTING SERVICE ☐ NEW SERVICE

NAME:_____

MAILING ADDRESS:_____ _____ _____ ZIP CODE:_____

LOCATION OF SERVICE:_____ _____ _____ ZIP CODE:_____

☐ WATER ONLY ☐ SEWERAGE ONLY ☐ BOTH

☐ TEMPORARY ☐ PERMANENT ☐ OWNER OCC ☐ RENTAL

I WILL BE RESPONSIBLE FOR THE WATER & SEWERAGE BILL AND WILL REMIT SAME TO THE CITY OF GORDON WHEN THE BILL IS RENDERED.

_____ _____

SIGNATURE DATE