

# Syracuse City

## Utility Application and Agreement

Name of Applicant \_\_\_\_\_ Homeowner

Service Address \_\_\_\_\_ Renter

Mailing Address (if different) \_\_\_\_\_ Business

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Applicant's Social Security Number \_\_\_\_\_ Phone # \_\_\_\_\_

Name and Phone # of relative not living with you \_\_\_\_\_

Date Service is to Begin \_\_\_\_\_

Currently has \_\_\_\_ garbage can(s)  Request additional garbage can

Pick up additional garbage can

**If Renting, please fill out Landlord Information below:**

Landlord's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Landlord's Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

APPLICATION IS HEREBY MADE BY THE UNDERSIGNED TO SYRACUSE CITY FOR ALL WATER, SEWER AND GARBAGE SERVICE FOR THE PREMISES LOCATED AT THE ABOVE LISTED SERVICE ADDRESS. In making said application, the undersigned agrees to pay a deposit of \$60.00 to Syracuse City and agrees to the following terms of this agreement:

1. Undersigned will pay for all water, sewer and garbage services afforded by the City at the monthly rates as lawfully established by the City Council.
2. Permission is hereby granted, in consideration of accepting this application, to the City and its agents to enter the property of application to maintain, replace appurtenant works and to read meters on the premises.
3. In the event payment under this agreement is not made at the time in the manner required, the undersigned agrees to pay all costs of collection, including attorney's fees, court costs, filing fees, including charges or commissions, up to 50% that may be assessed to us by a collection agency retained to pursue this matter, with or without suit.

Date \_\_\_\_\_

X \_\_\_\_\_  
**Applicant**

X \_\_\_\_\_  
**Landlord's Signature**

For Office Use Only: Deposit Paid \$ \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

New Home:  
Meter ID# \_\_\_\_\_  
Date Meter was set \_\_\_\_\_  
Garbage Can Number \_\_\_\_\_

Vacant Home  
Meter Reading \_\_\_\_\_  
Current Can Number(s) \_\_\_\_\_  
Delivered Garbage Can Number \_\_\_\_\_  
Picked Up Garbage Can Number \_\_\_\_\_

Dated: \_\_\_\_\_

By: \_\_\_\_\_

Notes: \_\_\_\_\_