

APPLICATION FOR WATER, SEWER & SANITATION SERVICE

□ Commercial		
☐ ResidentialSingleFami	ily	
Owner OccupiedTenant/Lessee		
Service Address:		
Date Service Requested:		
Owner Address and Information (Owner information and signature is mandatory):		
Name:		
	Address:	
Address:		
Address: Phone: I, the owner of the above referenced property, request the above property. I agree to all conditions set forth with the	ne Cando City billing department to supply water/sewer/trash service to his application and specifically acknowledge that I am responsible for all	
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By signing this application, you agree to all conditions as set forth in the City of Cando Ordinances, Chapter Seven, Water and Sewer. The ordinance may be found on the City website at <u>candond.com</u>.