

**TOWN OF MARSHALL**  
**WATER/SEWER SERVICE**  
**APPLICATION**

NAME: \_\_\_\_\_

SERVICE ADDRESS: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

DO YOU PREFER A PAPERLESS BILL? YES \_\_\_\_\_ NO \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK/CELL \_\_\_\_\_

LAST 4 OF SOCIAL SECURITY # \_\_\_\_\_ GOVERNMENTAL ISSUED ID # \_\_\_\_\_

I understand bills for water and/or sewer are due when rendered and are delinquent after twenty-five (25) days. In the event the bill for water and or sewer service is not paid in twenty-five (25) days after it was rendered, delinquent notices will be mailed to the consumer, and if not paid within twenty-five (25) days after the date of mailing, water and or sewer service will be disconnected. Disconnect and Reconnect fees do apply.

I agree to the following conditions for receiving sewer service from the Town of Marshall:

- I understand that the Town of Marshall Sewer System is to be used only for the disposal of human excrement and accompanying tissue designed and marketed to be flushed in the consumer's toilet and enter the Town Sewer System.
- I agree not to flush items such as paper towels, diapers, sanitary products, newspapers, and grease. When cooking fats, oils and grease are poured down the drain, they tend to collect and stick to household plumbing and sewer lines. Over time blockages occurs which leads to sewer backups, sometimes causing sewage to overflow from plumbing fixtures or sewer system manholes.
- I understand that the meter is and remains Town property. I understand that I will be held financially and legally responsible and could be fined and/or prosecuted by law for tampering with the meter.

All industrial facilities, day care centers, nursing homes, assisted living facilities, family care homes, rest home, preschool centers, and any other facility which uses a large quantity of diapers agree to install a screen between the facility and the Town Sewer main as a condition of receiving service.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

IS THIS A RENTAL? YES \_\_\_\_\_ NO \_\_\_\_\_ IF YES, Signature of landlord is REQUIRED.

NOTE TO LANDLORD: Service will not be connected to any rental property that has an outstanding balance until the balance is paid in full.

\_\_\_\_\_  
SIGNATURE OF LANDLORD

\_\_\_\_\_  
DATE

# WATER & SEWER DEPOSITS

WATER RESIDENTIAL	120.00	WATER COMMERCIAL	500.00
SEWER RESIDENTIAL	80.00	SEWER COMMERCIAL	250.00

Deposits are due when the service application is completed and are kept the account as long as the account is active. Deposits may be used to rectify an outstanding balance if the account is inactivated with a balance due. Deposits will be refunded within 30 days of account closure.

Date: \_\_\_\_\_ Acct # \_\_\_\_\_

Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Water Deposit: \_\_\_\_\_ Sewer Deposit: \_\_\_\_\_

Total Deposit: \_\_\_\_\_

Check \_\_\_\_\_ Cash \_\_\_\_\_ Credit Card \_\_\_\_\_ Check # \_\_\_\_\_

Completed \_\_\_\_\_

“In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating based on race, color, national origin, age, disability, religion, sex, familial status, sexual orientation, and reprisal. (Not all prohibited bases apply to all programs).”

To file a complaint of discrimination, write to:

USDA, Assistant Secretary for Civil Rights Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, S.W., Stop 9410 Washington, DC 20250-9410 Or call toll-free at (866) 632-9992 (English) or (800) 877-8339 (TDD) or (866) 377-8642 (English Federal-relay) or (800) 845-6136 (Spanish Federal-relay). USDA

“The following information is requested by the Federal government for certain types of services related to federal assistance. You are not required to provide this information but are encouraged to do so. The law provides that this entity may not discriminate either based on this information, or on whether you choose to furnish it. If you furnish the information, please provide both ethnicity and race. For a race, you may check more than one designation. If you do not furnish ethnicity, race, or sex, under Federal regulations, this entity is required to note the information based on visual observation or surname. If you do not wish to furnish the information, please check the box below.”

Ethnicity: \_\_\_\_\_ Hispanic or Latino \_\_\_\_\_ Not Hispanic or Latino

Race: \_\_\_\_\_ American Indian or Alaska Native \_\_\_\_\_ Asian \_\_\_\_\_ Black

\_\_\_\_\_ Native Hawaiian or Other Pacific Islander \_\_\_\_\_ White

Sex: \_\_\_\_\_ Female \_\_\_\_\_ Male

\_\_\_\_\_ I do not wish to furnish this information.