## The Utilities Board of Rainbow City

Application for Service

Date of Application:	Requested Date of Service	ce:	
For Residential Service:			
Name of Applicant: (Last)	(First)	(MI)	
Spouse/Co-Applicant: (Last)	(First)	(MI)	
*The name(s) in which the accou	ent appears will be the person responsible	e for payment*	
Customers applying	for service must remit an Activation Fe	e.	
Service Address:			
Mailing Address (if different from above a	address:		
Primary Phone:	Alternate Phone:		
E-mail Address:			
Do you own or rent the property? Own	Rent Comment:		
Landlord/owner & contact number:		·	
Landlord/Owner Address:			
Monthly garbage service is included or month for one garbage can. If addition 1-800-810-6601.	_	_	
All current and future garbage-related	concerns will be directed to Re	public Services or	
Rainbow City Hall.			
OFFICE USE ONLY			
Account #			
Amount: \$			
Work Order #			
Method of Payment:			
Cash Check Card			

## Voluntary Donation to Rainbow City Schools

In 2016, the Utilities Board of Rainbow City began collecting donations to help our area schools. These donations are collected throughout our fiscal year and then and at year end these donations are equally distributed to these schools.

The donation is \$0.25 on each bill, or \$3.00 per year.		
Would you like to participate in this donation?	Yes No	
Would you like your monthly bill emailed to you?	Yes No	
Would you like to receive alerts via email or text?	Yes No	
In the event that water is going through the meter at the open, etc.) would you like to: (please check one)	me of connection (possible leak, faucet left	
leave the meter left on, Rainbow City Utilities may occur, or	es will not be responsible for any damages that	
turn the meter back off and unlocked and I we that if I am unable to turn the meter on myself, it may City Utilities personnel are available to turn the meter be	be the next <b>business</b> day before Rainbow	
I certify that the information I have provided is true and also certify that I have received a copy of the Terms for '		
Customer Signature	 Date	
Spouse/Co-Applicant Signature	Date	
	Office Staff Initials: Date:	