

City of Bowman  
APPLICATION FOR SERVICES

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

Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_

SSN: \_\_\_\_\_ DL: \_\_\_\_\_ Phone: \_\_\_\_\_

Service Address: \_\_\_\_\_ Own or Rent: \_\_\_\_\_

Mailing Address (if different from service address) \_\_\_\_\_

Email Address \_\_\_\_\_

**For Renters Only:**  
Name of Landlord: \_\_\_\_\_ Number: \_\_\_\_\_

Employer's Name: \_\_\_\_\_ Employer's # \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Name of nearest relative (not living with you): \_\_\_\_\_

Relative's Phone Number: \_\_\_\_\_

**SERVICES:**

\_\_\_\_ Water      \_\_\_\_ Gas      \_\_\_\_ Limb Pick-up Service (LPS)  
\_\_\_\_ Sewer      \_\_\_\_ Garbage       Administrative Fee (ADM) - \$3 per mo.

Have you (or your spouse) previously had utilities with the City of Bowman? Y/N \_\_\_\_\_

If so, under what name(s): \_\_\_\_\_

If Gas Service is requested, has customer received gas information notice? Y/N \_\_\_\_\_

If Garbage Service is requested, is there a garbage cart at this location? Y/N \_\_\_\_\_

**Applicants Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

The following information is requested by the Federal Government in order to monitor compliance with Federal Laws prohibiting discrimination against applicants seeking to participate in the program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race/national origin of individual applicants on the basis of visual observation or surname.

\_\_\_\_ White (not of Hispanic Origin)      \_\_\_\_ Hispanic      \_\_\_\_ Male  
\_\_\_\_ Black (not of Hispanic Origin)      \_\_\_\_ Asian or Pacific Islander  
\_\_\_\_ American Indian or Alaskan Native      \_\_\_\_ Native Hawaiian or Pac. Islands      \_\_\_\_ Female

This institutuon is an Equal Opportunity Provider and Employer. Discrimination is prohibited by Federal Law. Complaints of discrimination may be filed with the USDA, Director, Office of Civil Rights, Room 326 - Whitten Building, 1400 Independence Ave., SW, Washington, D.C. 20250-9410.

**OFFICE USE ONLY**

Photo ID checked/copied by: \_\_\_\_\_  
initials

Account #: \_\_\_\_\_

Service: \_\_\_\_\_ Residential

\_\_\_\_\_ Commercial

\_\_\_\_\_ Other

**WATER** Beginning Reading: \_\_\_\_\_

Date: \_\_\_\_\_

Amount of Deposit: \_\_\_\_\_

Date Paid: \_\_\_\_\_ Cash/Check # \_\_\_\_\_

Administrative Fee: \_\_\_\_\_

Date Paid: \_\_\_\_\_ Cash/Check # \_\_\_\_\_

**GAS** Beginning Reading: \_\_\_\_\_

Date: \_\_\_\_\_

Amount of Deposit: \_\_\_\_\_

Date Paid: \_\_\_\_\_ Cash/Check # \_\_\_\_\_

Administrative Fee: \_\_\_\_\_

Date Paid: \_\_\_\_\_ Cash/Check # \_\_\_\_\_

**GARBAGE** Site ID#: \_\_\_\_\_

**OTHER INFORMATION:**

**FINAL / SHUT OFF INFORMATION:**

Date of Disconnect: \_\_\_\_\_

Final Reading Water: \_\_\_\_\_ Date: \_\_\_\_\_ Final Reading Gas: \_\_\_\_\_ Date: \_\_\_\_\_

Final Bill Due: \_\_\_\_\_

Deposit Refund Due: \_\_\_\_\_

Forwarding Address: \_\_\_\_\_