

**OLDS MUNICIPAL SEWER DEPARTMENT
OLDS, IOWA 52647**

APPLICATION TO CONNECT TO CITY SEWER

Name _____ Date _____

Mailing Address _____

Street Address _____

City _____ State _____ Zip _____

Telephone Number: _____

I hereby make application for sewer service to the above described property from the Olds Municipal Sewer Department according to TITLE IV, Chapter 8, Section 4 of the Code of Ordinances for the City of Olds, Iowa.

My check in the appropriate amount in payment of the permit and inspection charge is attached to this application for service.

Please check type of service:

	Type of Service	Fee
<input type="checkbox"/>	Residential	\$50.00
<input type="checkbox"/>	Commercial	\$50.00
<input type="checkbox"/>	Industrial	\$100.00

Note: Customer is responsible for all costs to connect to the city sewer system.

Signature _____
Customer

Accepted: Olds Municipal Sewer Department

By _____
Sewer Department Official

Date: _____