



**APPLICATION FOR UTILITY SERVICES
WATER, SEWER, TRASH**

Name: _____

Service Address: _____

Mailing Address: _____

Home Phone: _____ Work Phone: _____

DOB: _____

Date Service to Begin: _____

I have elected to participate in Platte City's voluntary curbside recycling program and understand that I will receive a recycling bin and must return this bin to City Hall in order for a refund of the recycling bin deposit.

I have elected not to participate in Platte City's voluntary curbside recycling program at this time.

Utility deposit is refundable after no late or missed payments for 24 consecutive months.

Signature Date

Office Use Only

Utility Deposit Posted: \$ 100.00 Recycling Bin Deposit Posted: \$ 10.00

Date(s) Deposit Posted: _____

Date Deposit Returned: Utility _____ Recycling Bin _____