ACCT #	BOOK #	SEQUENCE#

WESTMINSTER UTILITY DEPARTMENT Application for Summer Sewer Rate

	Date of A	pplication://202
I hereby make application fo Summer Sewer Rate.	r my residence to be billed under the Westmi	nster Utility Department's
My residence is located at		
	(Address)	
	inster Utility Department the sum of \$10.00 at ting my sewer billing and for the monthly rev	
Name:		
	(Please Print)	
for the six months preceding this appl Otherwise, insufficient data is availab	must have been a Westminster Utility Departication (October, November, December, Januale for determining the Base Domestic Usage er usage during those six months will be the least the second of the	uary, February, and March). I understand that according to the
-	County Sewer billing for the billing dates of ct the lower of the billing associated with my	
billing dates, the Summer Sewer Rate	on for this rate is made after the 15 th of the mwill be used in calculating my County Sewe complete. I understand that there will not be	r billing on the following month
following year accompanied with a ne	tion is only for one year and that a new appli ew fee. and understand it as it is written and acknowl	
MONTH YES NO MAY JUNE JULY AUG SEPT OCT	This day of	, 202
\$10.00 fee received this day of20	(Applicant's Sig	gnature)
rility Representative Signature)	**Anything highlighted, plea	ase leave blank for office use**