



City of Farmington

Application* for City Sewer/Garbage Service

(* Not valid without proper identification)

Name: _____

(You will need to provide a Drivers License or State ID for Identification)

Phone Number: _____

Address for Service: _____

Date of Service (Date of purchase or date of lease): _____

Own

Rent (Provide copy of lease or rental agreement):

Name of Landlord: _____

Landlord Address: _____

Landlord Phone Number: _____

Paperless Billing: Yes No

Email Address: _____

Signature: _____

Additional Comments: _____
