



CITY OF MOUNTAIN PARK
Incorporated 1927

REVERT TO LANDLORD

Begin Service Date _____

Account Holder's Name _____ DOB: _____

Spouse: _____

Service Address _____

Billing Address _____

Phone: Home _____ Work _____ Cell _____

Driver's License: State _____ Number _____ Expiration _____

Email: _____

How would you like to receive your bill each month? (Please circle one)

E-Mail

US Mail

Both

***DEPOSIT OF \$50.00 + \$10.00 ADMINISTRATIVE FEE MUST
ACCOMPANY APPLICATION*****

Signature _____ Date _____

For City Hall use:

Check # _____ Date _____ New Account # _____

****Deposit will remain on file as long as you are the property owner.**