VILLAGE OF BOAZ SEWER UTILITY
17010 STATE HIGHWAY 171, RICHLAND CENTER, WI 53581
PHONE: 608-536-3466 - EMAIL: VILLOFBOAZ@MWT.NET

APPLICATION FOR SEWER SERVICE

TO

VILLAGE BOARD

VILLAGE OF BOAZ, RICHLAND COUNTY, WISCONSIN

Please print legibly and return to Boaz Village Clerk/Treasurer.

NAME OF APPLICANT: _____

NAME OF OWNER (if different from above): _____

PROPERTY LOCATION: _____

_____

_____

TYPE OF USER (residential or business): _____

TYPE/SOURCE OF WASTEWATER: _____

COMMENTS: _____

_____

_____

I hereby request to become a user of the sanitary sewer of the Village of Boaz, Richland County, Wisconsin, and agree to comply with all terms and conditions of the sewer use ordinance which has been adopted by the Village Board and to pay a sewer user charge of $_____ per month, which commences on the day the Village Clerk signs the approved permit.

_____ _____
SIGNATURE OF APPLICANT

_____ _____
SIGNATURE OF PROPERTY OWNER