

Please return to: Town of Minden 1604 Esmeralda Ave. Suite 101 Minden, NV 89423  
Phone: 775-782-5976 Fax: 775-782-5287



## TOWN OF MINDEN

# Agreement and Request for WATER and TRASH SERVICE

The undersigned property owner(s) within the Town of Minden do hereby request to be furnished water and trash service from the Town of Minden, upon the terms and conditions, or under the rules and regulations, as may from time to time be adopted, changed or modified. The undersigned agrees to pay any and all connection charges and rates for the water and trash service as established.

The undersigned further agrees to pay reasonable attorney fees and court costs incurred by the Town of Minden in enforcing any of the rules and regulations of the Town or in collecting any sums owed to the Town.

DATE: \_\_\_\_\_ DATE SERVICE BEGINS: \_\_\_\_\_

**NAME** (Please Print): \_\_\_\_\_

OWNER: \_\_\_\_\_  
*Last* *First*

RENTER: \_\_\_\_\_  
*Last* *First*

MANAGEMENT COMPANY: \_\_\_\_\_ Contact: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone(s): \_\_\_\_\_

SIGNATURE \_\_\_\_\_

### TO BE FILLED OUT BY MINDEN OFFICE PERSONNEL ONLY:

ACT#: \_\_\_\_\_ Residential: \_\_\_\_\_ Commercial: \_\_\_\_\_ UPDATE: Computer: \_\_\_\_\_ Card File: \_\_\_\_\_  
New Connection: \_\_\_\_\_ Trash Container Size: \_\_\_\_\_ Date Ordered: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Meter Needed: \_\_\_\_\_ Installation Fee Paid: \_\_\_\_\_ Work Order #: \_\_\_\_\_