



Town of New Castle
 PO Box 90
 450 West Main Street
 New Castle, CO 81647
 970-984-2311
 Fax: 970-984-2716
www.newcastlecolorado.org

APPLICATION FOR UTILITY SERVICES

Service Address: _____

Owner: _____ Co-Owner: _____

Social Security No: _____ Social Security No: _____

Mobile Phone: _____ Mobile Phone: _____

Mailing Address: _____ Home Phone: _____

Owner's Employer: _____ Business Phone: _____

Employer Address: _____

Co-Owner's Employer: _____ Business Phone: _____

E-Mail Address: _____

Emergency Contact: _____

Address: _____

Phone: _____

I hereby acknowledge that as of _____ (date) I am the owner of the above named property and am applying for the following utility services:

- Water \$35.63
- Sewer \$59.33
- Trash Removal \$30.14
- \$26.15 (Senior - 65 years need ID)
- \$52.37 (Senior)
- \$26.65 (Senior)

I acknowledge that the Town of New Castle allows 12,000 gals of water and anything beyond 12,000 gals will be billed at the following rate structure:

12,001-20,000 gals .00281/gal	30,001-40,000 gals .00876/gal
20,001-30,000 gals .00438/gal	40,001-gallons .00994/gal

I further acknowledge that the Town of New Castle will bill monthly for the above services and if the amount due is not paid, the Town may do any or all of the following: terminate service to the property; file a lien on the property; certify the amount to the County Treasurer's office to be collected in the same manner as past due property taxes; or report the delinquent account to a credit reporting agency and pursue collection through a third party.

 Owner's Signature

 Date

 Co-Owner's Signature

 Date