

City of Dover
PO Box 115
Dover, ID 83825-0115
Tel: (208) 265-8339
Fax: (208) 265-9035

CITY OF DOVER SEWER USER AGREEMENT

For Office Use Only	
Acct. No.	_____
ABS Updated	_____
Mail Labels Updated	_____
Excel Updated	_____
Scanned/Filed	_____

USER INFORMATION

Property Owner ("User"): _____

Address For Property Served ("Property"): _____

Billing Address: _____

Phone: _____

Cell: _____

Email: _____

Check box if User is outside City limit

SIGNATURES

By the signature here, the User agree to follow all rules, regulations and conditions of city code for Sewer System, Septic Standards and Service Connections and accepts the terms and conditions therein.

USER:

Signed: _____ Dated: _____

Note: The property owner must sign this agreement as the property owner is responsible for sewer service and sewer charges.