

City of Dover
PO Box 115-699 Lakeshore Ave.
Dover, ID 83825-0115
Tel: (208) 265-8339

For Office Use Only	
ABS Acct #	_____
Excel Updated	_____
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CITY OF DOVER SEWER USER AGREEMENT

USER INFORMATION

Property Owner ("User"): _____

Physical Property Address ("Property"): _____

Mailing Address: _____

Phone: _____

Cell: _____

Email: _____

How do you wish to receive your notifications? Via email Via U.S. Mail Both

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. (Dover City Code Title 8, Chapter 3)

USER:

Signed: _____

Dated: _____

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