

PLEASE RETURN TO:
City of Three Forks
PO Box 187
Three Forks, MT 59752
(406) 285-3431

New Customer Sign-up and Sewer Rate Determination Form

Date: _____

Acct: _____

Resident(s) Name: _____

Owner(s) (if different than above): _____

Street Address _____

Mailing Address _____

Phone Number _____

**Would you like your phone number to appear in the local Three Forks
Phone Directory published annually by the Chamber? **Yes No****

Number of people that will be residing
at this address that are **6-years old and above** _____

Number of people that will be residing
at this address that are **under 6-years old** _____

Signature

Date

All new customers: \$20.00 signup fee _____
Date paid Form of payment

Renters: \$100.00 deposit required: _____
Date paid Form of payment

DEPOSIT # _____

BELOW FOR OFFICE USE ONLY. (Initial as each step is complete):

New Owner? Yes / No RDC# _____ SamSid Updated _____
Community Decay Master _____ Changed on City Map _____
Community Decay East/West Side Log sheet _____