

City of Litchfield

Application for Utility Billing Account

Signature

For discounted solid waste service
Over 55 (Check One) Yes _____ No _____

Print Name

Photo ID Provided: (Circle One)

Service Address

Driver's License State ID Card
Other _____

Mailing Address (If Different)

DL / ID #: _____

Phone Number

Copy of ID below:

Email Address

Name of Homeowner

Challenge Questions (MUST Answer 2)

Mother's Maiden Name (MMN) _____

Father's Middle Name (FMN) _____

City of Birth (BTH) _____

Favorite Pet's Name (PET) _____