

# 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 #: \_\_\_\_\_

Copy of ID below:

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
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) \_\_\_\_\_