



**HO-CHUNK NATION**  
**DEPARTMENT OF HOUSING & PUBLIC WORKS**

Application For Sewer Use Service/Payment Agreement

Name of Applicant: \_\_\_\_\_ Phone # \_\_\_\_\_

Connection Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I, \_\_\_\_\_ am requesting sewer use service from the Ho-Chunk Nation at the above location. If approved, I understand and agree that I will pay a monthly sewer use charge of \$25.00, beginning on July 1, 2013. This monthly fee is subject to change if the Ho-Chunk Nation Legislature determines such a need to adjust its rates. Payments are due by the 15<sup>th</sup> of each month, and made payable to the Ho-Chunk Nation Department of Housing, P.O. Box 170, Tomah, WI 54660. If payment becomes past due, I understand and agree that I will sign a voluntary Per Capita Distribution form for these amounts. If payment is not made and I refuse to make arrangements for payment, I understand that legal action will be taken against me to collect a debt owed to the Nation. **If I no longer desire sewer service at this address, I agree to notify the Department of Housing office in writing to terminate service. If I fail to notify the office of any change of address or responsibility for payment, I understand and agree that I will continue to be responsible for payment until such notification is made.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Tribal Affiliation

\_\_\_\_\_  
Enrollment Number

\_\_\_\_\_  
Date of Birth