

PLEASE RETURN TO:
City of Three Forks
206 S. Main Street / PO Box 187
Three Forks, MT 59752
(406) 285-3431

New Customer Sign-up and Sewer Rate Determination Form

Date: _____

Acct: _____

Owner(s): _____
(Or Designee Name with Owner's Consent)

Street Address _____

Mailing Address _____

Phone Number(s) _____ and/or _____

Want your bill emailed?
If so, provide your email address: _____

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

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

Update City Map _____

Community Decay Master _____

Community Decay East/West Side Log sheet _____