

OFFICE OF COUNCILWOMAN MONICA MAYER, M.D.

## **2024 NORTH SEGMENT WATER CREDIT APPLICATION**

Name:
Enrollment #: <b>301U-</b>
Contact Number:
Physical Address:
Mailing Address:
City: NEW TOWN State: NORTH DAKOTA ZIP: 58763
City of New Town Account #:
Head of Household:
# of Adults in Home: # of Children in Home:
Signature:
Date:

**Application Requirements:** 

- Must be an Enrolled Tribal Member of the Three Affiliated Tribes.
- Must be a North Segment Community Resident.
- Must be a City of New Town Water Account Holder.
- Only <u>one</u> credit will be applied per household.
- Only <u>one</u> primary property credit will be allowed.



\*\*Please provide City of New Town Water Bill\*\* \*\*Application Address must reflect applicant and North Segment address on file at TAT Enrollment\*\*

## Attach Bill Here Attach Bill Here Attach Bill Here