



APPLICATION FOR WATER TAP/ SERVICE

All applications require: Valid State Issued Photo ID of all responsible persons listed.
The tap fee of \$350.00 is due with this application.
The deposit amount of \$75.00 is due at the time service is established.

ACCOUNT NO. _____

NAME _____

DRIVER LIC/ID NO. _____ SOCIAL SECURITY NO. _____

CELL NO. _____ HOME NO. _____ WORK NO. _____

NAME _____

DRIVER LIC/ID NO. _____ SOCIAL SECURITY NO. _____

CELL NO. _____ HOME NO. _____ WORK NO. _____

MAILING ADDRESS _____

PROPERTY LOCATION ADDRESS _____

RIGHT A WAY NEEDED? () NO () YES FROM WHOM? _____

PROOF OF LAND OWNERSHIP? () NO () YES EVIDENCE? _____

TYPE OF SERVICE: Residential () NO. IN HOUSEHOLD _____
Commercial () Type _____

I HEREBY AUTHORIZE SERVICE TO BE ESTABLISHED IN MY NAME AT THE ABOVE PROPERTY LOCATION AND AGREE TO PAY FOR SERVICE UNTIL I SUBMIT THE REQUIRED DISCONNECTION FORM. I AGREE ALL THE ABOVE INFORMATION IS TRUE AND THAT ANY FALSE INFORMATION IS FRAUDULENT AND WILL RESULT IN A DISCONNECTION OF SERVICE. I UNDERSTAND MY \$75.00 DEPOSIT WILL BE HELD FOR TWELVE (12) MONTHS OR MORE. IF ACCOUNT BALANCE HAS REMAINED CURRENT DURING THIS TERM, THE DEPOSIT, WITH INTEREST, WILL BE CREDITED TO MY ACCOUNT. IF A RENTER, I UNDERSTAND MY DEPOSIT WILL BE HELD UNTIL I MOVE FROM RESIDENCE AND MY FINAL BILL HAS BEEN PAID IN FULL. I ALSO UNDERSTAND THAT I AM RESPONSIBLE FOR ALL CHARGES AT THIS LOCATION, DUE AND PAYABLE WITHIN TWENTY (20) DAYS OF RECEIPT OF BILLING STATEMENT. I AGREE TO PAY THE BILL REGARDLESS OF ANY USPS DELIVERY ISSUES THAT MAY RESULT IN A 10% PENALTY.

APPLICANTS SIGNATURE _____ Date _____

CO-APPLICANTS SIGNATURE _____ Date _____

For Office Use Only

METER SIZE _____ METER NO. _____ METER READING _____

DATE ON _____ DEPOSIT AMT PAID _____ CASH OR CHECK NO. _____

TAP FEE PAID _____ CASH OR CHECK NO. _____