

Office Use Only:	Account #: _	
	WTR	WW TDS
	Meter Size: _	Cost of Meter \$
	Deposit \$	Service Charge \$
	Receipt#	
6	Capital Reco	very Fees \$ Tap Fees \$

ervice Address:					
ubdivision Name (if applicabl	e):				
ate you would like service to s	start:///	_			
Company Information:					
Company Name					
Business Phone #:	Email:				
Mailing Address	City	State	Zip Code		
	Enroll in E-Billing and W	aive Paper Bills?	□Yes □No		
Payment Method (FOR SET L	JP FEES ONLY)				
Credit/Debit Card #		Exp:	/		
	OU IN AUTOMATIC DRAFTS ed in person •This is a ONE TIME CH	HARGE for your set u	p fees		
	By signing, I understand	that:			
 All fees must be paid in full before the water meter will be set. 					
 I am solely responsible for 					
<u> </u>	will be imposed for any returned c				
	OR BEFORE THE DUE DATE (15th o	•	e subject to a		
late penalty (10% of total	balance due) and possible term	ination.			

• If not paid before the 25th of each month I understand that utility service may be terminated.

Applicant Signature: ______ Date: ___/___/