



Account Number: _____

APPLICATION FOR CULINARY WATER, SECONDARY WATER, SEWER AND GARBAGE

Customer Name: _____ Service Address: _____

Mailing Address: _____ Phone Number: _____

Driver License Number _____ State: _____ Birth Date: _____

Cell Phone Number: _____ Owner Renter

Employer: _____ Employer Phone: _____

Employer Address: _____

Spouse or Other Responsible Party: _____ Phone Number: _____

Spouse or Other Responsible Party Employer: _____

Employer Address: _____ Employer Phone: _____

Secondary Phone Numbers: _____

Name of Relative not residing with you: _____ Relationship: _____

Address of Relative: _____ Phone Number: _____

I have requested the above services be provided. I/WE agree to pay all charges and fees incurred herein as shown by statements, promptly upon presentment thereof, unless credit arrangements are agreed upon in writing. Charges shown statements are deemed to be correct and reasonable unless protested in writing within thirty (30) days of billing date. All terminated accounts with a remaining balance owing for thirty (30) days after termination will be turned over to Professional Collections, Inc. I/WE further agree to pay all court costs, attorney fees and collection agency commissions incurred in collecting the delinquent account, whether or not suit is filed, and understand that such fees and or commissions might be as much as 50% of the principle balance. I understand that written request for shut-off is required.

Signature: _____ Date: _____

*****OFFICE USE ONLY*****

Service Established Date: _____ Deposit: _____ Comments: _____