



Application for Account/Contract for Service

Please fill out this form completely.

Name of Responsible Party for This Account:	Date of Application:
Social Security Number/Tax ID Number:	Email (optional) Would you like paperless billing? YES or NO
Primary Phone Number (and Secondary Phone Number if applicable):	Mailing Address (if Different from Service Address):
Address for Account Service:	Previous Address:
Secondary Party Name for this Account (optional):	Secondary Party to Have Full Rights to Account (Please Initial)
	Yes _____ No _____ (If no, balance inquiry only)

Water Deposit Total \$54.30 (Please initial on the line): _____ To be Paid in Full Today \$54.30

Sewer Deposit Total \$65.00 (Please select one of the following options and initial on the line):

_____ Pay \$65.00 in Full Today _____ Bill Total Deposit of \$65.00 to First Bill _____ Split \$65.00 Deposit on 2 Bills of \$32.50

No Deposit Required: for customers with good credit history with water utility (Billing Representative Initials: _____)

Please read and initial items #1, #2, and #3:

- _____ 1. **ALL DEBT SHALL BE INCURRED IN THE NAME OF THE RESPONSIBLE PARTY.**
- _____ 2. **THE RESPONSIBLE PARTY MUST NOTIFY THE UTILITY WHEN THIS SERVICE IS TO BE TERMINATED.**
- _____ 3. **ANY REFUNDS SHALL BE PAID TO THE RESPONSIBLE PARTY.**

_____ **WILL THERE BE ANY COMMERCIAL FOOD PREPARATION, OR COMMERCIAL/INDUSTRIAL SALES OR ACTIVITIES, AT THIS LOCATION?**

Signature: _____ **Date:** _____