

Water Service Information

Service Start Date: _____

Home Address: _____
Address City State Zip

Mailing Address: _____
Address City State Zip

Applicant Information

Name on Account: _____
Primary Contact #: _____
Cell Phone #: _____
Driver's License #: _____
Driver's License State: _____
Vehicle Make: _____
Vehicle Model: _____
License Plate #: _____

Authorized Users: _____

Create A Pin

4 Digit Pin Number: _____

Customer will create a Pin to access the Bulk Station

Emergency Contact

Name: _____ Phone: _____

Ordinances

| | |
|----------------|---|
| Section 51.05H | Returned Check Charge: "The utility shall assess a returned check charge in the event of the customer's check or bank draft is returned." Fee is twenty-five (\$25.00) dollars. |
|----------------|---|

Acknowledgement and Signature

I understand that this is a prepaid account and that when my prepaid funds have been exhausted, I will need to make payments to resume access to the bulk fill station.

Applicant Signature: _____ Date: _____

FOR DEPARTMENT USE ONLY