

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

vice Address:			
odivision Name (if applicable):			
te you would like service to start:			
Company Information:			
company Name			
usiness Phone #:	Email:		
lailing Address	City	State	Zip Code
İ	Enroll in E-Billing and	Waive Paper Bills?	□Yes □No
ayment Method (FOR SET UP FEES	ONLY)		
redit/Debit Card #		Exp:/	
THIS DOES NOT ENROLL YOU IN AU	ITOMATIC DRAFTS		
Cash or Check only accepted in pers	on •This is a ONE TIME	CHARGE for your set up	o fees
Ву	signing, I understan	nd that:	
All fees must be paid in full before	the water meter will be	e set.	
 I am solely responsible for this acco 	unt.		
 A service charge of \$38.06 will be im 			
BILLS MUST BE PAID ON OR BEFOR	•	•	e subject to a
late penalty (10% of total balance	due) and possible ter	mination.	

Applicant Signature: ______ Date: ____/____