

Start Water Service Application-Commercial

Service Information			
Service Address:			
Effective Date:			
Business Information:			
Company Name:			
Taxpayer Identification Number:			
Contact Name:			
Phone Number:			
E-mail Address:			
Mailing Information (If Diffe	erent From Service Address):		
Street Address or PO Box:			
City, State & Zip Code:			
Previous Service Address	(If Had District Service Before)		
Service Address:			
Preauthorized Payments			
Would like to signup for Preautho	orized Payments ?		
YES (If yes	s please provide routing number and account	number)	NO
Routing N	umber:		
Account N	lumber:		
Owners Responsibility			
through the use of the Distriction that a lien may be placed on	y listed above, I understand I am respond of water consumed on the property. As to the property should these debts remain is held are subject to disconnection. I am District to close my account.	he property on unpaid. I am	owner, I acknowledge and agree aware that if a delinquency occurs
Applicant Name:		Phone Num	ber:
Applicant Signature:		Date Signed	d: