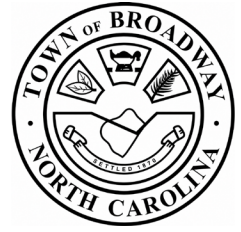


# The Town of Broadway

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Donald F. Andrews, *Mayor*  
Renee' Saville, *Clerk*

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\_\_\_\_\_ WATER \_\_\_\_\_ SEWER \_\_\_\_\_ GARBAGE

DATE \_\_\_\_\_

CUSTOMER NAME \_\_\_\_\_ SERVICE START DATE \_\_\_\_\_

SERVICE ADDRESS \_\_\_\_\_ RT/SEQ \_\_\_\_\_ / \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_  
\_\_\_\_\_

HOME PHONE NUMBER \_\_\_\_\_ DRIVER LICENSE \_\_\_\_\_

WORK PHONE NUMBER \_\_\_\_\_ EMPLOYER \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

METER READING \_\_\_\_\_ DATE \_\_\_\_\_

## NOTICE TO ALL CUSTOMERS

LEAKS OCCURRING ON THE CUSTOMER'S SIDE OF THE METER (INCLUDING RENTAL CUSTOMERS) WILL BE YOUR RESPONSIBILITY TO PAY. IF ACCOUNT BECOMES PAST DUE, SERVICE WILL BE DISCONNECTED AND NOT RECONNECTED UNTIL THE ACCOUNT IS PAID IN FULL. A RECONNECT FEE WILL ALSO BE CHARGED. OUTSTANDING BALANCES LEFT PENDING WILL BE PURSUED BY ANY POSSIBLE MEANS TO COLLECT, INCLUDING COLLECTION AGENCY OR LEGAL MEANS.

I HERBY APPLY FOR SERVICES AND AGREE TO ABIDE BY THE RULES AND REGULATIONS GOVERNING SUCH SERVICE.

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_