WATER SERVICE APPLICATION

Account # _____

Today's Date: _____ Requested Turn-On Date: _____

Have you ever had a water account with the city of Whitesburg? YES NO

Name On Account: _____

Property Service Address: _____

Billing Address: _____

Last 4 of Social Security # / EIN#: XXX-XX-_____

Phone: _____ Email Address: _____

Driver's License#: _____ State _____ (Copy of Photo ID Required)

Do you rent or own? _____

Rental- Owner Name: _____ Phone: _____

Own- Must Provide Copy of Purchase Agreement

Emergency Contact: _____ Phone: _____

_____ By signing/initialing this application, I agree to the terms printed and will pay my bill by the due date of each billing cycle. I understand an automatic a $10 LATE FEE will be added to any part of the current bill not paid after the due date. Failure to receive a bill does not entitle delayed payment.

FAILURE TO RECEIVE A BILL DOES NOT ENTITLE DELAYED PAYMENT

_____ Failure to pay any unpaid balance by the last day of the monthly billing cycle will result in automatic WATER CUT-OFF on the 1st business day of the month, WITHOUT FURTHER NOTICE. Account must be PAID IN FULL, plus the added $75.00 RE-CONNECT FEE to turn on water.

_____ A $45.00 processing fee is charged on all returned checks. Checks returned for any reason will result in immediate disconnection of service without further notice. Accounts with (2) Returned Checks will be flagged as a "CASH ONLY" account.

_____ I agree that damaging, tampering, or interfering with water utility services will result in a fine up to $1,000.00 and/or a jail term up to 6 months

Signature Of Responsible Party _____ Date: _____

SECURITY DEPOSIT DUE AT TIME OF APPLICATION

Following disconnection of service, a final bill will be sent to close your account; if your account has no balance, you will receive a refund check by mail approximately 30 days from the disconnection date.

Security Deposit paid Renters ($200) Owners ($100) Employee initials: _____