



NEW ACCOUNT INFORMATION FORM

Account #: _____ Date: _____ Own _____ Rent _____

Physical Address: _____

Name: _____

Mailing Address: _____

City, State, Zip: _____

Phone: Home: _____ Work: _____

Cell Number: _____

DL#: _____ E-mail _____

Do you want to receive your billing statement by e-mail? _____

Deposit Amount (\$125.00) Check or Cash Amount _____

Membership Fee (\$50.00) Check or Cash Amount _____

Note: (Non refundable)

New Service Hookup Fee (Per Individual Inspection)

Check or Cash Amount _____

Total: _____

_____ Initial Please Note: An added \$20.00 monthly billing Capital Improvement Charge for system upgrades to our aged system was voted on by the General Membership in October 2015.

Payment on all accounts is **due by the 20th of each month**. Past Due accounts will only receive a Second Notice of cut-off with date due by mail. No other notice will be sent out. There is a **reconnection fee of \$25.00** if water is interrupted for none payment. Total balance amount on account is due before reconnection.

Signature:
