

NEW ACCOUNT INFORMATION FORM

Account #:	Locatio	n #: Dat	e: O)wn	_Rent	
Physical Ad	ldress:					
Name:						
Mailing Add	lress:					
City, State,	Zip:			·		
Phone:	Home:	Wo	ork:			
	Cell Number:					
DL#:		E-mail				
Do you wan	t to receive your I	billing statement b	y e-mail?			-
Application	Fee (\$50.00)	Check or Cash	Amount			
Deposit Am	ount (\$175.00)	Check or Cash	Amount			
Membership Note: (Non-	o Fee (\$50.00) refundable)	Check or Cash	Amount			
New Service	e Hookup Fee (Pe	r Individual Inspec Check or Cash	,			
					Tot	al:
		\$20.00 monthly billing neral Membership in O		ment Ch	narge for syst	em upgrades to our
off with date du	ie by mail. No other no	e 20th of each month . tice will be sent out. Th nt on account is due be	ere is a reconn	ection f		a Second Notice of cut- if water is interrupted

Signature: ____