



ESTILL SPRINGS WATER DEPARTMENT APPLICATION FOR WATER SERVICE

APPLICANT'S NAME: _____

DRIVER'S LICENSE #: _____ D/O/B: _____

HAVE YOU OR YOUR SPOUSE EVER HAD WATER SERVICE WITH ESTILL BEFORE: YES ___ NO ___

IF SO, UNDER WHAT NAME(S): _____

SERVICE ADDRESS: _____

BILLING ADDRESS IF DIFFERENT: _____

PHONE – HOME# _____ CELL# _____ WORK# _____

PREVIOUS ADDRESS: _____

EMPLOYER AND ADDRESS: _____

LENGTH OF TIME AT THIS JOB: _____

SPOUSE'S NAME (INCLUDING MAIDEN NAME): _____

SPOUSE'S EMPLOYER AND ADDRESS: _____

SPOUSE'S WORK PHONE NUMBER: _____

TYPE OF SERVICE: RESIDENTIAL _____ COMMERCIAL _____

DO YOU RENT _____ OR OWN _____ YOUR HOME?

IF RENTER, LANDLORD'S NAME _____ PHONE # _____

NAME OF LAST WATER UTILITY WITH WHOM YOU HAD SERVICE _____

DATE YOU DESIRE WATER CONNECTION _____

1. The undersigned hereby makes application for the water services indicated above at the address shown and agrees to pay for said services as measured by the Town of Estill Springs Public Utilities Meters, according to rates applicable.
2. The applicant agrees to permit employees of the Town of Estill Springs Water Department access to the premises of the consumer for the purpose of inspecting, reading, repairing, or removing property of the Estill Springs Water Department.
3. The applicant understands the billing procedure as set forth in his/her copy of the Water Contract.
4. The applicant understands that it is his/her responsibility to pay all city costs, all collection fees, and/or attorney fees if his/her account is turned over for collection.
5. The applicant understands that the garbage can is the Property of The Town of Estill Springs and is to remain on the Property. If can is not there when applicant moves he/she will be responsible for the cost of the garbage can and legal action will be taken.

I have received a copy of the Estill Springs Water Department Water Contract.

Signed: _____ Date: _____

Approved: _____ Date: _____