

Application For Water Service
Tri Township Water District

Account Number _____

Name _____

Date _____

Service Address _____

Phone (H) _____
Phone (W) _____

Billing Address _____
(if different) _____

If renting, property owner's name: _____
Address: _____ Phone _____

The undersigned, representing himself as the ___ OWNER ___ RENTER of the property located at _____, hereby makes application for water at the said property, and in consideration of the furnishing of water service covenants and agrees as follows:

1. All bills are payable on or before the 15th of each month, and if not paid, are subject to a 10% penalty.
2. **TERMINATION OF SERVICE:** Services will be terminated after 30 days for non-payment: 10 days notice will be given prior to termination. A lien will be placed on the property after 45 days for non-payment.
3. **DEPOSIT OF SERVICES:** In the amount of **\$100.00**, is enclosed, payable to TTWD, to be held interest free until the account is closed.
4. Permission is hereby granted to TTWD and its authorized representatives any reasonable time to enter the premises of the applicant and any portion therefore for the purposes of inspecting all connections appurtenant to the water system.
5. I understand that I am responsible for checking my own water pressure.

To the best of my knowledge, the above information is correct.

Signed _____

FOR OFFICE USE ONLY

RECEIVED: \$ _____ **CASH OR CHECK#** _____

READING DATE: _____ **READING** _____

DATE: _____ **SIGNED:** _____

DEPOSIT RETURNED ON: _____ **CHECK NUMBER:** _____ **INITIALS:** _____