

CITY OF GERMANTOWN WATER SERVICE APPLICATION

CUSTOMER INFORMATION

SSN # _____ Driver License # _____ State _____

Applicant Name Last First Middle initial Telephone number

Mailing Address (if different from service address) City State Zip Code

Employer _____ Address _____ Phone _____

Spouse _____ Employer _____

Help keep Germantown census data current by listing names and ages of all individuals residing at the service address.

Last Name	First Name	Age	Sex
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you own? rent? other? Documentation _____

Landlord/property owner _____

Address _____ Phone _____

SERVICE CONTRACT

The undersigned here by makes application for water and sewer service(s) and agrees to pay for said services(s) as measured by The City of Germantown's metering devices in accordance with the applicable rates and charges as specified in the City's rate schedule for the service address and any other location that may be incurred as a result of a request to transfer the account until the City receives a request to discontinue the services or discontinues service due to failure to comply with this agreement. The customer agrees to allow right of access to the City's agents on the customer's premises at all reasonable times and for necessary purposes. I/We assume responsibility for service beginning from connection date until the City is notified of cancellation of service, that all billings rendered by said company shall be due and payable upon receipt. Failure to receive a bill does not release a customer from payment obligations. The customer shall pay all collection expenses or attorney fees due to default or failure to perform obligations incurred as set forth in this agreement. It is agreed by the customer and the City that this contract shall apply to the original service address of the customer and to all future service addresses of the customer. Information submitted to the City in this service agreement is correct and true to the best of my knowledge and belief.

Service address _____

Date of service ___/___/___ Account # _____

Received from customer: check _____ cash _____ credit card _____

Cashier: _____ Applicant's signature _____ Date ___/___/___

FIELD INFORMATION

Turn on water (if off) and read meter.

Water on off upon arrival

Special Instructions

Remarks

Reading _____ Technician _____ Date ___/___/___

WHITE - BILLING

YELLOW - DEVELOPMENT

PINK - CASHIER

GOLDENROD - CUSTOMER