

Acct #: _____

Fee: \$10.00

**COMMERCIAL/BUSINESS
WATER/SEWER/STORM WATER SERVICE APPLICATION**

BUSINESS NAME: _____

CONTACT NAME: _____ SSN: _____

SERVICE ADDRESS: _____

MAILING ADDRESS: _____

HOME PHONE #: _____ WORK #: _____

APPLICANT IS: OWNER _____ RENTER _____ MANAGER _____ LESSOR _____

LANDLORD'S NAME: _____

SERVICE IS: Residential Mobile Home Commercial Church Irrigation

PLEASE NOTE

Applicant is responsible for providing the Water/Sewer Department with a correct mailing address. Persons presently receiving their mail "General Delivery" must notify us upon obtaining a post office box or having their mail delivered to their home address. Failure to notify us of change of mailing address will result in your service being disconnected until such information is provided. **WE ARE SET UP FOR AUTOMATIC PAYMENT FROM A CHECKING OR SAVING ACCOUNT.**

I hereby agree to abide by all rules, regulations, and ordinances of the City of Florence Water Utility, as now existing or as hereafter changed or amended, and that any delinquent water bills shall be and become a lien against said premises.

Signature of Applicant

Date Effective

THE SIGNATURE OF THE ABOVE APPLICANT IS ACKNOWLEDGING THAT THEY WILL BE HELD RESPONSIBLE FOR ALL BILLS THAT ACCRUE, UNTIL A DISCONTINUE SERVICE FORM IS FILLED OUT, SIGNED AND RETURNED TO OUR OFFICE.

FOR OFFICE USE

METER NO.: _____ METER ID #: _____

WTR RATE: _____ SWR RATE: _____ METER SIZE _____ RT # _____ SEQ # _____

READING: _____ CUBIC FT: _____ GALLONS: _____

NEW CUSTOMER: _____ NEW SET: _____ TEMP SET: _____ HYDRANT: _____