

**SUMMERSVILLE WATER WORKS
APPLICATION FOR WATER/SEWER**

NAME: _____

MAILING ADDRESS: _____

SERVICE LOCATION: _____

PHONE: HOME: _____ WORK: _____

SS NUMBER: _____ NEW CUSTOMER: _____

DRIVER'S LICENSE NO. _____

EMPLOYER: _____ PREVIOUS CUST: _____

RENT: _____ Owner's Name: _____

OWN: _____

RESIDENTIAL _____ COMMERCIAL _____ NUMBER IN HOUSEHOLD _____

SPOUSE'S NAME: _____

SPOUSE'S EMPLOYER: _____

I hereby authorize service to be established in my name at the above service location and agree to pay for service until discontinued at my request. I understand there will be a \$ _____ deposit to be held for twelve (12) months. If account balance has remained current during this term, the deposit, with interest, will be refunded or credited to my account. I also understand that I am responsible for all charges at this location, due and payable within twenty (20) days of receipt of billing statement.

APPLICANT'S SIGNATURE: _____

DATE: _____