

APPLICATION FOR MARYVILLE WATER METER

A \$100.00 deposit is required at time of application. (Cash, Check or Money Order)

ADDRESS OF SERVICE

Applicant(s) Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Work Phone: _____ E-Mail: _____

Service Start Date: _____ Driver Lic # & State of Issue: _____

Property Description: Residential: ☐ Commercial: ☐

Subdivision: _____ Lot #: _____

Customer Reference: Own: ☐ Renting: ☐

If Renting: Landlord / Property Owner: ☐ Property Manager: ☐

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Work Phone: _____ E-Mail: _____

*A signed copy of the Water Account Liability Information must be on file to start a water service if renting.

For Billing Purposes:

Name(s): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Office Use Only

<u>Inside City Limits</u>	<u>Outside City Limits</u>
Meter Deposit \$ _____	Meter Deposit \$ _____
Amount Paid \$ _____	Amount Paid \$ _____
Cash _____ Check # _____	Cash _____ Check # _____
Signature _____	Signature _____
Date _____	Date _____ Acct. # _____
Account # _____ SEQ _____	Proof of Ownership Attached Yes <input type="checkbox"/> No <input type="checkbox"/>
	Preannex Agreement Attached Yes <input type="checkbox"/> No <input type="checkbox"/>

Is a signed copy of the Water Account Liability Information on file?: Yes ☐ No ☐

**** Attach a current print off from the Madison County Assessment Office for the Parcel ID # and owner.****