



Customer Account Card

351 Almo Rd
Almo, KY 42020
(270) 753-9101

Account #: _____

Name: _____ Phone Number: (____) _____
Last First M.I.

Service Address: _____

Mailing Address: _____

Email Address: _____

*I understand that the deposit made will be held for one (1) year and could be refunded to me after said year if I have been in good standing according to the water district deposit policy. I also understand that if the district is still in possession of my deposit at such time I terminate service the deposit will be applied to my final bill first and then I will be issued a refund or a bill if deposit does not cover the entirety of my final bill.

Signature

Date

----- FOR OFFICE USE ONLY -----

Beginning date of service: _____ Deposit date/amount: _____

Deposit refunded date: _____ Ending date of service: _____