

NEW ACCOUNT APPLICATION

OWNER INFORMATION

NAME:

#1 _____ #2 _____

SERVICE ADDRESS _____

BILLING ADDRESS
(IF DIFFERENT) _____

PHONE #
HOME _____ CELL _____ WORK _____

EMAIL ADDRESS _____

I AM AWARE THAT I AM RESPONSIBLE FOR PAYING ANY WATER, SEWAGE AND SANITATION CHARGES AT THIS ADDRESS, AS LONG AS MY NAME IS LISTED AS OWNER, I AM AWARE IT IS MY RESPONSIBILITY TO INFORM THE WATER DEPARTMENT WHEN I PLAN TO MOVE FROM THIS ADDRESS AND TO GIVE THEM MY FORWARDING ADDRESS AND NEW PHONE NUMBER. I AM AWARE I CANNOT OPEN ANOTHER ACCOUNT WITH THE PALMYRA WATER DEPARTMENT AS LONG AS I OWE A BALANCE ON ANY ACCOUNT WITH MY NAME ON IT. I UNDERSTAND IF MY BILL IS NOT PAID BY THE 17TH OF THE MONTH, I WILL BE CHARGED A LATE PENALTY ON THE 18TH, AND WATER SERVICE IS SUBJECT TO BEING DISCONNECTED IF NOT PAID BEFORE THE 5TH OF THE FOLLOWING MONTH. A \$75.00 RE- CONNECT FEE MAY ALSO BE CHARGED IF MY WATER IS TURNED OFF. I AM AWARE THAT I WILL BE ASSESSED A \$25 NSF FEE DUE TO ANY ITEM THAT IS RETURNED DUE TO INSUFFICIENT FUNDS, CLOSED ACCOUNT, FROZEN ACCOUNT, OR UNCOLLECTED FUNDS.

SIGNATURES:

PROPERTY OWNER #1 _____ DATE: _____

PROPERTY OWNER #2 _____ DATE: _____