

# MUNFORD WATER AUTHORITY, INC.

P.O. Box 92 - 76 Railroad Street, Munford, Alabama 36268  
Phone: 256.358.4841 Fax: 256.358.4842 E-mail: [munfordwater@bellsouth.net](mailto:munfordwater@bellsouth.net)

## APPLICATION FOR SERVICE

Account No. \_\_\_\_\_ Date: \_\_\_\_\_ ☐ Residence ☐ Business ☐ Landlord

If application is for a business, state type of business operating at this location: \_\_\_\_\_

Name:	
Phone Number:	Social Security Number:
Service Address:	
Billing Address:	
Copy of Driver License: <input type="checkbox"/>	

The undersigned hereby requests to be supplied with water by the Munford Water Authority, Inc. at the premises shown above, and none other, for which I agree to pay at the Authority's established schedule of rates, and to comply with the Service Rules and Regulations of the Authority, making them a part of this agreement. I agree to claim no damage on account of the stoppage of the flow of water resulting from accident, or where necessary to make alterations, repairs, or improvements. I further agree to pay the charges for all water used for the premises as applied for in this application until I order the water service discontinued. For failure to comply with this agreement, or any part thereof, the Munford Water Authority, Inc. may shut off the water from such premises without further notice to me.

Signed: \_\_\_\_\_ Title (if applicable) \_\_\_\_\_

By: \_\_\_\_\_ Title (if applicable) \_\_\_\_\_

Previous Customer: ☐ Yes ☐ No ☐ Rent Property- Landlord: \_\_\_\_\_ ☐ Own Property

## FOR MUNFORD WATER PERSONNEL ONLY

<input type="checkbox"/>	Set Meter	Service Availability Fee:	\$
<input type="checkbox"/>	Turn On	Service Availability Fee w/Tap:	\$
<input type="checkbox"/>	Tap Required	Other: _____	\$
TOTAL:			\$

Meter Information					
Size:	Make:	Meter Serial Number:	Radio Read Number:	Sequence Number:	Reading:
Backflow Preventer					
Size:	Make:	Type:	Serial Number:		

Comments: \_\_\_\_\_

Order worked by: \_\_\_\_\_ Date: \_\_\_\_\_