The undersigned hereby request the Town of West Union to supply water service and sanitation (where available) at the address indicated below. The customer agrees to pay monthly charges based upon the current rate. A **ten percent (10%) penalty** will be added if not paid by the **(15th) FIFTEENTH. FAILURE TO RECEIVE A BILL DOES NOT ENTITLE CUSTOMER TO PAY WITHOUT PENALTY.** It is understood and agreed that the town of West Union, its agents and servants, may enter into and upon the premises of the undersigned and discontinue the service **on or after the tenth day of the following month** if the bill is not paid in full. The Town of West Union **must be notified, by the customer to discontinue service, when the customer moves.** Being cut off for non- payment of bill **does not** qualify as having notified The Town to discontinue billing. The customer must pay a minimum bill (0 to 2000 gallons) for an active account whether or not water is used and regardless of the number of usage on the bill. **The customer will install and maintain a backflow prevention device and pressure reducing valve on the service line where required by policy.** The Town **will not** be held liable for any pressure related damages. Customers are to abide by all water and sewer use ordinances. The Town **does not** make dry taps. **$50 RE-CONNECT FEE WILL APPLY IF CUT OFF for non- payment. A connect fee as below indicated is hereby tendered for water and/or sewer service.**

**Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Applicant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Service Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mailing Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Driver's License # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Telephone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Auto Draft Yes\_\_\_\_\_ No \_\_\_\_\_\_**

**Emergency Contact Name & Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Rent \_\_\_\_\_ Own\_\_\_\_\_**

**Landlord Name and Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(FOR OFFICE USE ONLY)**

**Type of Facility: Single Family Residence\_\_\_\_\_\_\_\_ Commercial\_\_\_\_\_\_\_\_**

**Water Tap Fee $ \_\_\_\_\_\_\_\_ Size of meter requested 3/4 \_\_\_\_\_\_ or 1" \_\_\_\_\_\_\_\_**

**Meter Reading \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Deposit Amount \_\_\_\_\_\_\_\_\_\_ Non- Refundable Amount \_\_\_\_\_\_\_\_\_**

**Total Due\_\_\_\_\_\_\_\_\_\_\_**

**Payment Type: Cash\_\_\_\_\_\_\_ Check #\_\_\_\_\_\_\_\_\_ Debit\_\_\_\_\_\_\_\_\_**

**Clerk \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**