

Application For Water Service
Tri Township Water District

Account Number _____

Name: _____

Date: _____

Service Address:

Phone (H): _____

Phone (C): _____

Phone (W): _____

Email: _____

Billing Address (if different from Service Address)

If renting, property owner's

Name: _____

Phone: _____

Address: _____

****For renters: Your landlord will be notified if you do not pay your monthly bill on time.**

The undersigned, representing himself as the _____ OWNER _____ RENTER of the property located at

_____,
here by makes application for water at the said property, and in consideration of the furnishing of water service covenants and agrees as follows:

1. All bills are payable on or before the 15th of each month, and if not paid, are subject to a 10% penalty.
2. **TERMINATION OF SERVICE:** Services will be terminated after 30 days for non-payment: 10 days' notice will be given prior to termination. A lien will be placed on the property after 45 days for non-payment.
3. **DEPOSIT OF SERVICES:** In the amount of **\$200.00**, it is enclosed, payable to TTWD, to be held interest free until the account is closed.
4. Permission is hereby granted to TTWD and its authorized representatives any reasonable time to enter the premises of the applicant and any portion therefore for the purposes of inspecting all connections appurtenant to the water system.
5. I understand that I am responsible for checking my own water pressure.

To the best of my knowledge, the above information is correct.

Signed: _____

For Office Use Only

Received (\$): _____	Cash or Check: _____
Reading Date: _____	Reading: _____
Date: _____	Signed: _____
Deposit Returned On: _____	Check Number: _____ Initials: _____