

APPLICATION FOR WATER SERVICE

PLEASE PRINT CLEARLY

Date: _____

Contact & Billing Information:

Name(s) to be on account: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Legal Description (Required if property has no physical address): _____

Phone#1: _____ Work: _____

Phone#2: _____

Email: _____ Preferred method of contact: _____

Add me to Alert System:

Cellular #(s) for Text: _____

Email: _____ (Please Print Email Clearly)

Continue On Back

Do you own the property? (Circle one) Yes / No

If No: Who is the property owner? _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Is this water service for a structure or will it be a pasture tap?
(circle one) **Structure / Pasture tap**

If Pasture tap: Do you plan on connecting to a structure in the future?
(circle one) **Yes / No**

If No: You will need to fill out a Pasture Tap Agreement

If Yes: You will need to fill out a Pasture Tap Agreement and provide this office with a DEQ Septic Approval before it is connected to the structure.

If Structure: A state approved septic system is required before water service can be put in place. Do you have a state approved septic system in place at this time?
(circle one) **Yes / No**

If No: I understand that a meter can **NOT** be hooked up to **ANY** structure until I provide RWD #2 a DEQ Septic Approval. Failure to follow this guideline will result in meter being pulled without notice.

Signature(s): _____

Office Notes: