

**CITY OF MORGAN'S POINT
APPLICATION FOR COMMERCIAL WATER/SEWER SERVICE**

DATE TAKEN _____ DATE NEEDED _____ Acct # _____

BUSINESS NAME _____

SERVICE ADDRESS _____ METER # _____

MAILING ADDRESS _____

PHONE NUMBER _____ FAX NUMBER _____

TYPE OF BUSINESS _____ 24 HOUR EMERGENCY PHONE _____

OWNER/MGR NAME _____ OWNER/MGR PHONE NUMBER _____

FLAMMABLES/COMMENTS: _____

THE UNDERSIGNED COMMERCIAL BUSINESS HEREBY APPLIES FOR WATER/SEWER SERVICE WITH THE CITY OF MORGAN'S POINT AND IS HEREBY SUBJECT TO THE POLICIES AND PROCEDURES USED BY THIS DEPARTMENT. BILLS MUST BE PAID WITHIN 20 DAYS AFTER MAILING OR PENALTY WILL BE APPLIED. FAILURE TO RECEIVE YOUR BILL DOES NOT WAIVE THE PENALTY. DEPOSITS WILL BE CREDITED TO THE ACCOUNT AT THE TIME THE ACCOUNT IS TERMINATED AND THE CREDIT BALANCE REFUNDED OR THE UNPAID BALANCE WILL BE OWED BY THE APPLICANT.

SIGNATURE OF CONTACT PERSON

PRINTED NAME OF CONTACT PERSON

(OFFICE USE ONLY)

___ NEW SERVICE READ _____ DEPOSIT \$ _____ RECEIPT # _____

___ DISCONNECT READ _____ DEPOSIT \$ _____

FINAL ADDRESS: _____

___ DEPOSIT REFUND CHECK ISSUED DATE _____ CHECK # _____