

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

DATE TAKEN _____ DATE NEEDED _____ Acct # _____

CUSTOMER NAME _____
(LAST) (FIRST) (MIDDLE)

SERVICE ADDRESS _____

MAILING ADDRESS _____

HOME NUMBER _____ CELL NUMBER _____

DO YOU RENT _____ OR OWN _____ IF RENTING, OWNER'S NAME _____

EMERGENCY CONTACT (NAME) _____ RELATIONSHIP _____

EMERGENCY CONTACT PHONE # _____ ADDRESS _____

APPLICANT

SPOUSE

SS # _____

NAME: _____

DRIVERS LICENSE # _____

DRIVERS LICENSE # _____

EMPLOYED AT : _____

EMPLOYED AT : _____

CO. ADDRESS _____

CO. ADDRESS _____

CO. PHONE # _____

CO. PHONE # _____

THE UNDERSIGNED 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.

APPLICANT SIGNATURE

SPOUSE'S SIGNATURE (OPTIONAL)

(OFFICE USE ONLY)

METER # 1 _____ METER # 2 _____ METER # 3 _____

NEW SERVICE READ _____ DEPOSIT \$ _____ RECEIPT # _____

DISCONNECT READ _____ DEPOSIT REFUND AMOUNT\$ _____

DEPOSIT REFUND CHECK ISSUED DATE _____ CHECK # _____

NEW ADDRESS: _____

FINAL ADDRESS: _____