



RESIDENTIAL SERVICE REQUEST

Drivers license photo identification is required to obtain service

Name: _____
FIRST MI LAST

Drivers License: State Issued _____ # _____ MI _____ Date of Birth _____ LAST

Home Telephone: _____ Cell: _____

Email Address: _____

Service Address: _____

Billing Address: _____

Previous Address: _____

Employer: _____

Spouse's Name: _____ Employer: _____

Emergency Contact: _____ Phone

Number _____

Has anyone in your household ever had water with Calvert City before? Yes _____ No _____

If yes, under what name? _____

Is this rental property? Yes _____ No _____ If yes, Property Owner: Name _____

Property Owner Address _____

Property Owner Phone Number _____

Paid Meter Deposit (\$150) _____ Yes _____ No

Paid Tap on Fee (\$ _____) _____ Yes _____ No

Services to be provided: _____ Water _____ Sewer _____ Garbage

Would you like to sign up for automatic withdrawal? Yes _____ No _____

I have been given a copy of the Calvert City Water and Sewer rules and regulations. I have read and understand these rules, regulations and charges as they apply to my account. My signature below confirms all information given above is truthful and correct.

Customer Signature _____ Date _____

Witness _____ Date _____

OFFICE USE ONLY-----

Account Number _____