



CALVERT CITY MUNICIPAL WATER & SEWER

COMMERCIAL INDUSTRY SERVICE REQUEST

PHOTO IDENTIFICATION IS REQUIRED TO OBTAIN SERVICE

Company Name: _____

Phone Number: _____ E-mail Address _____

Service Address: _____

Banking Institution: _____

Corporation: _____ Sole Proprietorship _____ Partnership _____ Other _____

Sole Partnership Owner(s) Name: _____

Type of Business: _____

Accounts Payable Contact: _____

Billing Address: _____

Local Emergency Contact _____ Phone _____

Local Emergency Contact _____ Phone _____

Has your company ever had water with Calvert City before? _____ Yes _____ No

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: 5/8" x 3/4" (\$150) _____ 3/4" (\$200) _____ 1" (\$500) _____

1 1/2" (\$1500) _____ 2" (\$3000) _____ Over 2" (\$5,000) _____

Paid Tap on Fee (\$ _____) _____ Yes _____ No Plumbing Inspection ___ 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 _____