



CALVERT CITY MUNICIPAL WATER & SEWER

RESIDENTIAL SERVICE REQUEST

PHOTO IDENTIFICATION IS REQUIRED TO OBTAIN SERVICE

Name: _____

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

Home Telephone: _____ Cell Phone: _____

E-mail Address: _____

Service Address: _____

Billing Address: _____

Previous Address: _____

Employer: _____

Partner's Name: _____ Employer: _____

Local Emergency Contact: _____ Phone: _____

Have you ever had water with Calvert City before? _____ Yes _____ No

Do you have any outstanding Calvert City Utility bills? 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)
 1.5" (\$1500) 2" (\$3000) Over 2" (\$5000)

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

Services to be provided: _____ Water _____ Sewer _____ Garbage

How would you like to pay your Meter Deposit? CASH CHECK CREDIT

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 _____