



CALVERT CITY MUNICIPAL WATER & SEWER

SERVICE REQUEST COMMERCIAL ACCOUNT

Select all that apply: New Business★ Moving Business New Construction★ New owner★

★Occupational License Tax Return Needed

Business Name: _____

Business Contact Name _____ Phone Number: _____

Secondary Contact: Name _____ Phone Number: _____

E-mail Address: _____

Billing Contact: _____ Phone Number: _____

Billing Address: _____

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

What was the address? _____ Calvert City, KY 42029

Do you have any outstanding Calvert City Utility bills? Yes No

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 _____

-----OFFICE USE ONLY-----

Service Address: _____

Account Number _____

Services to be provided: Water Sewer Garbage FRONT or BACK Route: 1 or 2

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

1.5" (\$1500) 2" (\$3000) Over 2" (\$5000)

TAP FEE (\$ _____) METER # _____ ERT# _____ READING _____

TOTAL AMOUNT DUE: \$ _____ CASH CHECK CARD

-----City Treasurer-----

Credit Card Transfer AMOUNT\$ _____ Signature _____ Date: _____

W&S Revenue>>>>>>>>>W&S Customer Deposit Fund