



WORK ORDER NEW SERVICE

Date _____

Account Name: _____ Account # _____

Location _____ Meter # _____

Billing Address _____ Email: _____

Phone # _____ ERT # _____

Work Requested _____ Turn On _____ Turn Off _____ Read Only _____

Signature _____

Work Completed by _____ Date _____ Last Read: _____

Comments: _____

No cross connection allowed according to well user agreement.

(If you would like a copy please ask)

Signature: _____

I have read and understand the following:

Bills are due the 15th of each month where you receive it or not. _____

Every active meter has a minimum bill due even with no usage _____

The \$100.00 service charge is non-refundable _____

Sewer bills must be kept current or the water will be disconnected _____

There is a \$25.00 service charge to reconnect/transfer the water _____

There will be a \$5.00 fee for new inactive meters after December 2019 _____