City of Rocksprings

Application for Water Service

Date:		_	
Physical address / Loca	ition where ser	vice is desired:	
Applicant's Name:			
Billing Address:			
City:		_ State:	Zip:
Phone #:		Cell #:	
amount. This deposit	delinquent utilit does not bear in	terest. If the account i	ust restore the deposit to the original is not delinquent in six months the refunded when service is
	mailed as soon		s day of the month as possible. or nonpayment is the 25 th of each
	fee charged for		th. The \$10.00 late fee as well as a r the disconnect date. The return
For meters within the to the cost of labor ar outside the corporate	corporate limits d materials plus limits there will b	of the city that are larg 10% the cost of labor be fee equal to the cost	2" tap - \$450.00 ger than 2" in diameter – a fee equal and material. If the connection is st of labor and material plus 25%. Instruction requires cutting across a
may be ordered and agree application the undersign forth in the city's tariffs, a	es to pay establed agrees to the	ished rates for all serverules and regulations e or changes in the ru	ich water service and equipment as vices and equipment. In making this of the City of Rocksprings as set les and regulations, tariffs or rates, ed certifies this credit information to
Applicant's Signature:			Date:
For Official Use Only:			
Approved by:	Account #:	Deposit::	Setup fee:
#:	Seq:	· · · · · · · · · · · · · · · · · · ·	Begin: