

APPLICATION FOR MARYVILLE WATER METER

\$100.00 deposit required with application (Cash, Credit, Check or Money Order)

ADDRESS OF SERVICE:

APPLICANT: _____

ADDRESS: _____

CITY: _____ ZIP: _____ EMAIL: _____

HOME PHONE: _____ CELL PHONE: _____

START SERVICE DATE: _____ DRIVER LIC # _____ STATE _____

FOR BILLING PURPOSE: *(If different than address of service)*

NAME: _____

MAILING ADDRESS _____

CITY: _____ STATE: _____ ZIP: _____

PROPERTY DESCRIPTION: _____ COMMERCIAL _____ RESIDENTIAL

APPLICANT STATUS: _____ OWN _____ RENTING

(COMPLETE IF RENTING)

LANDLORD/ OWNER NAME: _____

LANDLORD/ OWNER PHONE: _____

*****A Signed copy of the Landlord/Tenant Water Agreement must be on file to continue water service*****

FOR OFFICE USE ONLY

LANDLORD/TENANT AGREEMENT ON FILE: _____ YES _____ NO

INSIDE CITY LIMITS

METER DEPOSIT \$ _____

AMOUNT PAID \$ _____

CASH _____ CC _____ CHECK # _____

SIGNATURE _____

DATE PAID _____

ACCT # _____

OUTSIDE CITY LIMITS

METER DEPOSIT \$ _____

AMOUNT PAID \$ _____

CASH _____ CC _____ CHECK # _____

SIGNATURE _____

DATE: _____ ACCT # _____

PRE-ANNEX AGREEMENT PACKET ATTACHED:

YES _____ NO _____