

APPLICATION FOR WATER SERVICE
THE CITY OF WATERVILLE
PLEASE PRINT

NAME _____
ADDRESS _____
APPLICANT IS OWNER ___ TENANT ___ AGENT ___
NUMBER OF PERSONS IN HOUSEHOLD _____
APPLICANTS DATE OF BIRTH _____

REQUIRED SIGNATURE OF PROPERTY OWNER:

I understand that, as a property owner of the above property, I will be held liable for all delinquencies and agree to make payment to the City of Waterville for any amounts outstanding attributable to any tenant at the above property, and that water service to the above location will be discontinued if payment is not received in the manner prescribed by the Water Department.

APPLICANTS SIGNATURE _____
PHONE NUMBER _____
DATE _____

FOR OFFICE USE ONLY

ACCOUNT NUMBER _____
RECEIPT NUMBER _____
DEPOSIT _____ DATE _____
MOVE IN DATE _____ MOVE OUT DATE _____
FORWARDING ADDRESS _____
REFUND CHK# _____ AMT _____ DATE _____
APPROVED BY: _____
ACCT CREDIT AMT _____ DATE _____
APPROVED BY: _____

BILLING ADDRESS IF DIFFERENT

STREET _____
ZIP CODE _____

WATER DEPOSIT REFUND POLICY



Water Deposits will be reviewed on a monthly basis. All deposits that are eligible for refund, pursuant to Section 931.02(d) of the Waterville Code of Ordinances, will then be processed and refunded.

Section 931.02 APPLICATIONS AND DEPOSITS FOR SERVICE

(d) Deposit; refunds. Any water customer of the Municipality who has a two-year continuous and uninterrupted record of prompt payment of all water bills may be entitled to a refund of such deposit.

(Ord. 19-76, passed 8/23/76; Am. Ord. 16-77, passed 10/24/77; Am. Ord. 16-92, passed 8/24/92)

I have read and understand the above policy.

Signature

Date