



# Mt. Washington Water Service Form

Customer Name(s): \_\_\_\_\_

Phone Number: \_\_\_\_\_

Effective Service Start Date: \_\_\_\_\_

Email: \_\_\_\_\_

Previous Address: \_\_\_\_\_

Service Address: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Own:  Residential (Primary Residence  Rental  )  Commercial

Rent: (Signed Lease Required)

By signing below, you acknowledge that the city of Mt. Washington Water and Sewer Company reserves the right to provide notice to the property owner / landlord in the event this account becomes delinquent.

x \_\_\_\_\_

How would you like to be contacted?

Cell  Text  Home phone  Email

Would you like to be set up for automatic bill withdrawal?

Yes  No

\*Please note we will need a copy of your driver's license and completed declaration of domicile form (if necessary) in order to process your service work order. We will notify you once we have set up the account to go over account information and collect the required \$200 security deposit\*