

NOTICE

Customer
Service Rep. _____

- 1) TWO FORMS OF ID ARE REQUIRED AT THE TIME OF APPLICATION FOR SERVICE.
- 2) INTENTIONAL FALSIFICATION OF THIS APPLICATION WILL RESULT IN IMMEDIATE DISCONTINUANCE OF SERVICE.
- 3) THE APPLICATION MUST BE COMPLETELY FILLED OUT.
- 4) THE UTILITY IS NOT RESPONSIBLE FOR ANY WATER DAMAGE TO A HOME.
- 5) A 4 HOUR APPOINTMENT TIME WILL BE SET TO TURN SERVICE ON. IF YOU ARE NOT THERE, YOU WILL BE CHARGED AN ADDITIONAL SERVICE FEE FOR THE SECOND CALL.
- 6) I UNDERSTAND THAT IF THE UTILITY DOES WAIVE MY DEPOSIT BUT I DO NOT KEEP MY BILL CURRENT, A DEPOSIT WILL BE REQUIRED. ALSO, 50% OF MY UNPAID BALANCE WILL BE ADDED TO MY ACCOUNT TO COVER COLLECTION FEES OR COURT COSTS IN THE EVENT I AM TURNED OVER FOR COLLECTION OR SUIT.

APPLICATION FOR WATER/SEWAGE SERVICE

(please print)

APPLICATION DATE _____

Your Name: _____
Last First M.I. Suffix

Spouse/Mate Name: _____
Last First M.I. Suffix

Service Address: _____

Mailing Address: _____

Your Place of Employment / How Long? _____

Spouse/Mate's Place of Employment / How Long? _____

Your Social Security Number: _____

Spouse/Mate's Social Security Number: _____

Your Birth Date: _____

Spouse/Mate's Birth Date: _____

Your Previous Address: _____

Telephone Number where to be reached: _____ 2nd Number: _____

Property Owners Name/Address: _____

Have you or your spouse/mate had water service in your name in Marion? Yes _____ No _____

If yes, under what name: _____

For what address: _____ what year? _____

CREDIT REFERENCES (If you wish the utility to consider waiving the Deposit)

List 3: Where: _____

Where: _____

Where: _____

I WAS GIVEN A MARION MUNICIPAL UTILITY REGULATION HANDBOOK. I HEREBY AUTHORIZE MARION MUNICIPAL UTILITY TO CHECK MY CREDIT FILE AT CBCINNOVIS CREDIT REPORTING AND I HAVE READ THIS APPLICATION COMPLETELY. I AGREE TO ALL TERMS OUTLINED.

Signature

Date

FOR UTILITY USE ONLY: Acct. No. _____ Connection Date _____ C/O yes no

Deposit No. _____ Deposit Amount \$ _____ C/O paid yes no

Deposit Waived: _____