

Application For Water/Sewage Service

NOTICE:

- 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 BUSINESS.
- 5) A FOUR HOUR APPOINTMENT 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) 50% OF YOUR UNPAID BALANCE WILL BE ADDED TO YOUR ACCOUNT TO COVER COLLECTION FEES OR COURT COSTS IN THE EVENT YOU ARE TURNED OVER FOR COLLECTION OR SUIT.
- 7) I UNDERSTAND THAT IF THE UTILITY DOES WAIVE MY DEPOSIT BUT I DO NOT KEEP MY BILL CURRENT A DEPOSIT MAY BE REQUIRED AT A LATER DATE.

Application Date _____

First Name _____ Middle Initial _____ Last Name _____

Spouse/Mate First Name _____ Middle Initial _____ Last Name _____

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 _____

Email Address

Your Previous Address _____

Telephone Number _____

2nd Number _____

Property Owner's 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 would like for the Utility to consider waiving the Deposit)

List 3: Where: _____

Where: _____

Where: _____

I WAS GIVEN A MARION UTILITIES REGULATION HANDBOOK. I HEREBY AUTHORIZE MARION UTILITIES 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. _____
Deposit Waived. _____

Connection Date _____
Deposit Amount \$ _____

